## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00811

| -  |               | CEASED-NAME First   |  | Middle  |                       | Last              | 11,000                 | 2a. DATE         |   |                      | 2b. HOUR       |
|----|---------------|---|--|---|-----------------------|-------------------|------------------------|------------------|---|----------------------|----------------|
| 1  | (1            | ype or print) WALTE   | R                                      |   |                       | ALEXAND           | DER                    | JAN              | UARY 17,  | 968 Year             | 8:30 AM        |
| 1  | 3. SE         | X<br>MAL E  | 4. RACE<br>WHITE                       |   |                       | S. DATE OF E      |                        |                  | 6. AGE (In years last birthday)                 |                      |                |
|    | 7o. l         |   | 7b. CITIZEN OF WHA                     |   | 8. MARRIED<br>WIDOWED | NEVER MA          | RRIED (S               | DORCH            | DE STER   |                      | Md.            |
| 31 | UR            | AL CAMBRIDGE  | give str<br>E A S                      | ME OF HOSPITAL OR INS<br>reet address)<br>TERN SHOR                         | STA                   | re Hose           | during mo              | st of workin     | ON (Kind of work done to life, even if retired. | 12b. KIND<br>INDUSTR | OF BUSINESS OR |
| 5  | admi          | USUAL RESIDENCE (Where decease issian) STATE MD.  | d lived, if institution<br>13b. COUNTY | in: Residence before  | 13c. CITY O           |                   | YES NO                 | 1.00             | STREET AND NUMBER                               |                      |                |
| 2  |               | ALBERT ALEXAND  |  | Last  |                       | S. MOTHER'S N     | MAIDEN NAME Fir<br>Unk | st<br>nown       | Middle  |                      | Lost           |
|    |               | WAS DECEASED EVER IN U.S. ARMI<br>es, no, or unknown) (If yes give wo   | D FORCES?<br>r or dates of service)    | - None  | 10. 17.               | INFORMANT<br>HOSP | ITAL RE                | CORDS            | Address   |                      |                |
|    |               | 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse  (b)  (c)  (c)  (d)  (d)  (d)  (e)  (e)  (e)  (f)  (f)  (f)  (f)  (f |  |   |                       |                   |                        |                  |   |                      |                |
| X  | CERTIFICATION | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY?  YES NO CAUSES OF DEATH?  |  |   |                       |                   |                        | CONSIDERED I     | N CERTIFYING                                    |                      |                |
|    | MEDICAL CER   | While Not while   | HOUR A.M.<br>P.M.<br>PLACE OF INJURY ( | Month Day Yeor<br>19<br>AT HOME, FARM, STREET, FAC<br>OFFICE BUILDING, ETC. | TORY.) 21f. I         | OCATION Stre      | eet or R.F.D. No.      | Ci               | jury in Part 1 or Port 2                        | Caunty               | Stote          |
|    | 100           | 22a. I certify that (I) (this haspital) attended the deseased fram 1101431, 1967, ta Junuary 17, 1968, that (I) (we) last saw the deceased alive an 144 fram the causes stated above, (I) (we) (did) (did nat) view the bady after death.   |  |   |                       |                   |                        |                  |   |                      |                |
|    | No.           | 22d. PHYSICIAN'S NAME (Type)  |  | 3 ARRUS   | M DDEG                | 22e. AD           | DIF                    | RECTOR L         | STAFF D   | anuar<br>Canuar      | 717-68         |
| 1  |               | BURIAL, CREMATION, 23b. D. REMOVAL (Specify) Jan  |  | 23c. NAME OF C  | EMETERY O             | RCREMATORY        | rv                     | 23d. LOCA<br>Nea | TION (City or Town)  r Preston                  |                      | (Stote)<br>and |
| 3  | 24.           | FUNERAL DIRECTOR Frances  | My Va =                                | Frederick   | 7, 5                  | Uf.               | 2So. REC'D BY          |                  |   | er's signature       | nogra          |

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use os the burial-transit permit. Then please remove corbon papers. Page-T and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Poge 4 may be retoined by the hospitol or attending physician. OM REV

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| or linear | The Atlanta   |             |            |           |  |
|           | All Comments  |             |            |           |  |
|           |               |             | Monte None |           |  |
|           | :4            | Scales of A |            |           |  |
|           |               |             |            |           |  |
|           |               |             | N. C.      |           |  |
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 and 2 should be diled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

Poge 4 moy be retained by the hospital or ottending physician.

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00819

|             |   |  | CERTII                       | ICATE OF DEATH                |  | 00012  |
|-------------|---|--|------------------------------|-------------------------------|--|--|
| 1.          | DECEASED-NAME First   |  | Middle                       | Lost                          | 20. DATE OF DEATH  | 2b. HOU  |
|             | (Type or print) E/120   | beth ove   | ane 13                       | E//                           | Cyan,  | DOY 1968 540   |
| 3.          | SEX   | 4. RACE  |                              | 5. DATE OF BIRTH              | 6. AGE (In years   |  |
|             | Female  | White  |                              | SEPY. 29,                     | 1877 last birthday)  | YRS. MONTHS CLAYS HOURS /                                |
|             | BIRTHPLACE (Stote or foreign  | 7b. CITIZEN OF WHAT CO   | MAKKI                        | ED NEVER MARRIED              | 9. COUNTY OF DEATH   |  |
| ·           |   | 4.5.4  |                              |                               | Worcheste  |  |
| 1           | Lyrlock Md  | 2/643 give Bet o   |                              | ursing Horas                  | JAL OCCUPATION (Kind of work do<br>nast of working life reven if retire<br>Druse Wiles | ed.) INDUSTRY  |
| 13d         | n. USUAL RESIDENCE (Where deceding  | 13b. COUNTY  | esidence before 13c CITY     | rion Hat VES - N              | 10 🖾   |  |
|             | FATHER'S NAME First   | Vin Norlme   | no                           | 1s. MOTHER'S MAIDEN NAME      | / 1 1//  | 1  |
| 16          | a. WAS DECEASED EVER IN U.S. AR<br>Yes, no, or unknown) (If yes give                    | MID FORCES?// 16b. 9   | OCIAL SECURITY NO. 17-54-590 | 7. INFORMANT /<br>Mrs. Anna B | . Wall R.F.D.  | Marion Station   |
|             | 18. CAUSE OF DEATH (Enter o   | nly one couse per line for   | (o), (b), and (c).)          |                               |  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH             |
|             | PART I. DEATH WAS CAUS  | ED BY:<br>IATE CAUSE (a)   | Uremi                        | 9                             |  | 3 days   |
|             | 400 X   | DUE TO, OR AS A CO   | ONSEQUENCE OF                | r. I n                        | 11   | H  |
|             | Conditions, if any, which gove rise to immediate cause (a),                             | (b) 12   |                              | riervolar lie                 | phrosclerosis  | 5 ye 6-13  |
| п           | stating the underlying cause  |  | ONSEQUENCE OF                |                               |  |  |
| П           | last. 746 X   | (c)  | a Bertil But has action      |                               |  |  |
|             | Senil   |  | O DEATH BUT NOT KELATE       | ) TO THE TERMINAL DISEASE OR  | CONDITION GIVEN IN PART I(a)   |  |
| TION        | 19a. DATE OF OPERATION 19b  | . CONDITION FOR WHICH OP   | FRATION WAS PERFORMED        | 20g. AUTOPSY?                 | 20h IE YES WERE FINDIN   | IGS CONSIDERED IN CERTIFYING                             |
| PTIELCATION | Trail DATE OF OF EXAMEN   | . comprison for which of   | ERATION WAS TERFORMED        | YES NO                        | CALICTE OF DEATHS  | OS CONSIDERED IN CERTIFYING                              |
| MEDICAL CE  | 210. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exom | HOUR A.M. Mor<br>iner) P.M.  | nth Day Yeor                 |                               | er nature af injury in Part 1 or Por   | rt 2, Item 18.)  |
| AM          | While Not while at work   |  |                              | LOCATION Street or R.F.D. No. |  | Caunty State   |
|             | 22a. I certify that (1) (the saw the deceased causes stated above                       | his haspital) attended<br>alive an Gana<br>re, (I) (we) (did) (did r | 19 19 1965                   | and that in (my) (aur) an     | inian death accurred an the  | 19 <u>68</u> , that (I) (we)<br>e date and hour and from |
|             | 22b. SIGNATURE  | t Baur   | 9 ,                          | . /                           | MED. STAFF DIRECTOR PHYS.  | Jahuan 16,196  |
|             | 22d. PHYSICIAN'S<br>NAME (Type)   | 2 LOS F BA   | irroso M                     | D 22e. ADDRESS                | r WG   |  |
| П           | REMOVAL (Specify) Ja  | DATE<br>an.19,1968   |                              | eth. Cemetery                 | 23d. LOCATION (City or Town)<br>Rehobeth   | (County) (Stote) Somerset Md.                            |
| 24          | . FUNERAL DIRECTOR  | D Miles  | ADDRESS                      | 2Sa. REC'D                    | BY REGISTRAR 2Sb. REGISTR  | RAR'S SIGNATURE  |
|             | TC A T II   | n. Wilson -  | Domerset C                   | OUTTOY , I'M PHATE IA         | N 0 9 1000 17%   | isula, Judala  |

\$ 5.5 Elizabeth share that Femile 12/1/2 29 40-Supplied 1 12140 128/10/10/20/10 the suite Mit Smerset Pour Sugar John till station I confirm how with Me 317.54-5906 certain to the contraction and the property of the proper There we have the state of the 

uneral and 2

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours off.

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00813

| (1            | ECEASED-NAME First Type or print) MAGD   | ALENA  | Middle WEHRLE  |                                     | BELL                    |                               | 2o. DATE (     | OF DEATH<br>Manth                                      | Doy             | 1988                           | 2b. HOUR <b>8</b> A.            |
|---------------|--|--|--|-------------------------------------|-------------------------|-------------------------------|----------------|--|-----------------|--------------------------------|---------------------------------|
| 3. SE         | Female   |  | White  |                                     | S. DATE OF B            | 10, 18                        |                | 6. AGE (In year last hirthday                          |                 | IF UNDER 1 YEAR<br>MONTHS DAYS | IF UNCER 24 HRS.<br>HOURS MIN   |
| caun          | Marytand   |  | SA   | WIDOWED                             | 1.45                    | RCED 🗌                        |                | rchester   |                 |                                | М                               |
| (             | CITY OR TOWN OF DEATH  Cambridge   | giv  | NAME OF HOSPITAL OR INS<br>e street address)<br>304 Belved   | lere A                              | venue                   | during m                      | ast of workin  |  | ired.)          | 12b. KIND O<br>INDUSTRY        | Home Home                       |
|               | USUAL RESIDENCE (Where decedission) STATE Md   |  | ution: Residence before  |                                     | r town<br>ridge         | 13d. INSIDE CITY &            | 1.00.          | STREET AND NUME  |                 | Avenu                          | 10                              |
| 14. F         | FATHER'S NAME First August   | Middle   | Wehr]  |                                     | S. MOTHER'S M           |                               | irst<br>lalena | Mic  | idle            |                                | Last                            |
| 16a.<br>Y     | WAS DECEASED EVER IN U.S. AR<br>(es, no, ar unknawn) (If yes give  | MED FORCES?<br>war or dates of service)        | 16b. SOCIAL SECURITY ! <b>212–05–7</b>   | 199 17.                             | informant<br>r. Jos     | . Kerr                        | 304 I          | Belveder   | ress A          | ٧٠٠,                           | mbridge<br>Md.                  |
|               | 18. CAUSE OF DEATH (Enter a PART I. DEATH WAS CAUS IMMED  Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.   | DUE TO, OF                                     | R AS A CONSEQUENCE OF  | ey l                                | est C                   | l.<br>v De                    | fol            | relate   | ,               |                                | KIMATE INTERVAL ONSET AND DEATH |
| CERTIFICATION | PART 2. OTHER SIGNIFICANT CO   | ONDITIONS CONTRIB                              | BUTING TO DEATH BUT NO CLOSE OF STREET OF STRE | slee                                | 20G. AUTO               | OPSY?                         | 20b.           | VEN IN PART 1(a)<br>IF YES, WERE FIND<br>SES OF DEATH? | DINGS CO        | ONSIDERED IN                   | CERTIFYING                      |
| MEDICAL CER   | 21a. ACCIDENT WAS UNDERLYS OF CONTRIBUTING CAUSE OF OE. (If either, natify medical exam  | HOUR A.M                                       | 1. Month Day Year  |                                     |                         |                               |                | jury in Part 1 ar f                                    | Part 2, I       |                                |                                 |
| 3             | 21d. INJURY OCCURRED  While Not while at wark  22a. I certify that (I) (this haspital) attended the deceased fram and that in (my) (aur) apinian death accurred on the date and haur and fram the causes stated obove. (I) (we) (did) (did nat) view the bady after death. |  |  |                                     |                         |                               |                |  |                 |                                |                                 |
| ME            | 22a. I certify that (1) (t   | his haspitat) a<br>alive an<br>e.(1) (well did | ttended the decease<br>(1) (did nat) view the  | ed tram_1<br>9_b_7 at<br>bady after | nd that in (n<br>death. | , 19 <u>/</u><br>ny) (aur) ap | nian death     | accurred on t  | _, 19_<br>he da | te and havi                    | t (I) (we) la<br>and fram th    |
| ME            | 22a. I certify that (I) (t<br>saw the deceased<br>causes stated above<br>22b. SIGNATURE  | alive an free (I) (we) (did                    | did (did nat) view the   | 9_ <i>Dl</i> ai<br>bady after       | death.  ATTENDI         | NG (aur) ap                   | NED.           | STAFF DHYS. D  | 22c.            | DATE SIGNED                    | t (I) (we) Ic<br>and fram th    |

| E1+00      |  |   |                        | 18*e-  | 10 .    |
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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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|  |               | 0001  |   | LEKTIFICA            | IE OF DEATH               |   | 00               | 1014                    |
|--|---------------|---|---|----------------------|---------------------------|---|------------------|-------------------------|
| ~~   |               | ECEASED-NAME First  | Middle                                      |                      | Last                      | 2a. DATE OF DEATH   |                  | 2b. HOUR                |
| death  | (1            | Type ar print)  GUSTAVI                                     | US ADOLPHUS                                 | BROWN                |                           | JANUARY 17  | Pay Year 68      | M                       |
| FIL  | 3. SI         |   | 4. RACE                                     |                      | DATE OF BIRTH             | 6. AGE (In years  | IF UNDER 1 YEAR  | IF UNDER 24 HRS.        |
| Pages Pours after  | 0. 5.         |   |   |                      |                           | last birthday)  | MONTHS DAYS      | HOURS MIN.              |
| Page   | 7             | MALE  | WHITE                                       |                      | 02-12-77                  | 9. COUNTY OF DEATH  | 3.               |                         |
| 0  |               | BIRTHPLACE (State ar foreign 7                              | b. CITIZEN OF WHAT COUNTRY?                 |                      | NEVER MAKKIEU             | Y. COUNTY OF DEATH  |                  |                         |
| ( Sep.   |               | MARYLAND  | USA   | WIDOWED              | DIVORCED                  | DORCHESTER  |                  | Md                      |
| physicion.  signed by the attending physician and complete filled by the signed by the attending physician and complete filled by the buriol-transit permit. Then please remove carbon perpens Page buriol, cremation, or removal, and in ony event, within 72 hours | 10.           | CITY OR TOWN OF DEATH                                       | 11. NAME OF HOSPITAL OR INS                 | STITUTION (If nat in |                           | L OCCUPATION (Kind of work dand<br>st of working life, even if retired. |                  | BUSINESS OR             |
| 57/2   |               | CAMBRIDGE   | give street address) EASTERN_SHOP           | RE STATE             | HOSP UNI                  | EMPLOYED  | INDUSTRI         |                         |
| carb<br>carb   | 13a.          | USUAL RESIDENCE (Where deceased                             | lived, if institution: Residence before     | 13c. CITY OR TO      | WN 13d. INSIDE CITY LIM   |   |                  | The Hard                |
| mplet<br>/e car<br>event,  | adm           | issian) STATE   | TALBOT                                      | EASTON               | YES NO                    | 7PLUM STRE  | 6.7              |                         |
| sician and complease remove  | 14            | FATHER'S NAME First   | Middle Last                                 | IS. M                | OTHER'S MAIDEN NAME Fir   |   |                  | Last                    |
| ou 2   | 1             |   |   |                      |                           |   |                  |                         |
| ase<br>and i   | 1/-           | . WAS DECEASED EVER IN U.S. ARME                            |   | NO. 17. INFO         | LOUISA                    | ANNE  | THOMAS           |                         |
| sici<br>plec<br>J, or  | 100           |   | or dates of service)                        |                      |                           |   | ARGON !          |                         |
| do no  | -             |   | 579-05-16!                                  |                      | ORDS OF THE               | EASTERN SHORE   |                  | SPITAL<br>WATE INTERVAL |
| BH E   |               | 18. CAUSE OF DEATH (Enter only                              | ane cause per line far (a), (b), and (c).   |                      |                           |   |                  | NSET AND DEATH          |
| ipiti i  |               | PART 1. DEATH WAS CAUSED                                    | E CAUSE (0) Phel                            | umon                 | ia.                       |   | 3 00             | 245.                    |
|  |               | 476X  | DUE TO, OR AS A CONSEQUENCE OF              |                      |                           |   | 114              | V                       |
| d1   | F             | Canditians, if any, which gave                              | 45)   |                      |                           |   |                  |                         |
| by the afferransit perr  |               | nse ta immediate cause (a),                                 | DUE TO, OR AS A CONSEQUENCE OF              |                      | TERMINE THE               | S-F-AURITE NO.  |                  |                         |
|  |               | stating the underlying cause                                | (c)   |                      |                           |   |                  |                         |
| signed<br>buriol-<br>buriol,   |               | 1 / - 1   | ITIONS CONTRIBUTING TO DEATH BUT N          | OT DELATED TO TA     | TEDMINAL DISEASE OP(      | ONDITION GIVEN IN PART 1/a)   |                  |                         |
|  |               | PART 2. OTHER SIGNIFICANT COND                              | THOMS CONTRIBUTING TO DEATH BUT A           | OI KELATED TO II     | IL TERMINAL DISERSE ORCC  | DIADITION OFFER IN TAKE 1(0)  |                  |                         |
| os the prior to  | S             | 10 DATE OF ODERATION 10b C                                  | ONDITION FOR WHICH OPERATION WAS PE         | DEODMED              | 20g. AUTOPSY?             | 20b. IF YES, WERE FINDINGS  | CONCIDEDED IN CI | DTIEVING                |
| for use os the<br>Health prior t   | CERTIFICATION | 19a. DATE OF OPERATION 19b. CO                              | UNDITION FOR WHICH OPERATION WAS PE         | Krukmeu              |                           | CAUSES OF DEATH?  | CONSIDERED IN CE | KIII IINO               |
| the see  | RTF           |   |   |                      | YES NO                    |   |                  |                         |
| for use<br>Health  |               | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH |   |                      | INJURY OCCURRED (Enter    | nature of injury in Part 1 or Part :                                    | 2, Item 18.)     |                         |
| -  | MEDICAL       | (If either, natify medical examine                          | er) P.M. 19                                 | 9                    |                           |   |                  |                         |
| Dept. o  | ×             | 21d. INJURY OCCURRED 21e. P                                 | PLACE OF INJURY (AT HOME, FARM, STREET, FAI | CTORY,) 21f. LOCA    | TION Street ar R.F.D. Na. | City ar Tawn  | County           | State                   |
| De   |               | at work at work   |   |                      | 10 /                      | 2 1 111   |                  |                         |
| be de<br>Stote   | 1             | 220. I certify that (I) (this                               | haspital) ottended the decease              | ed from AD           | 1611 196                  | J, to Junuary I,  | 1968 , that      | (I) (we) las            |
| e St   |               | sow the deceased ali  | ve on January 17 1                          | 1968, and th         | hat in (my) (our) opir    | nion deoth occurred on the  | dote and hour    | and fram the            |
| shoul<br>ith th  |               | couses stoted above,  | (I) (we) (did) (did not) view the           | bady ofter dec       | oth.                      |   |                  |                         |
| 5 th 1   |               | 22b. SIGNATURE  | F No -                                      | HAID                 | ATTENDING MI              | ED. STAFF 22  | Cc. DATE SIGNED  | 10,0                    |
| ed v   |               | Cooks   | + Nauro                                     | IN DEGREE            | PHYS. DI                  | RECTOR L PHYS. L 3  | annag 17         | - 1468                  |
| - 6 ± /  | Н             | 22d. PHYSICIAN'S  | E D. COC.                                   | 45                   | 22e. ADDRESS              |   |                  |                         |
| director, pog<br>director, pog<br>should be file   |               | 22d. PHYSICIAN'S NAME (Type) CARL                           | os F. Barroso I                             | MD                   | HUNTOCK                   | Md  | (Dirches)        | (u)                     |
| director,  | 230           | . BURIAL, CREMATION, 23b. DA                                | ATF 23c. NAME OF                            | CEMETERY OR CR       | EMATORY                   | 23d. LOCATION (City or Town)  | (Caunty)         | (State)                 |
| # W  | 1             | TEMOVAL (Specify)/ TAN                                      | V-20-1968 ST.                               | JOHN'SC              | EMETERY                   | 1 200 Qska  | O Som            | and                     |
| 19/11  | 24            | FUNDRAL DIRECTOR  | ADDRESS                                     |                      | 2Sa. REC'D BY             | Y REGISTRAR 25b. REGISTRA   | R'S SIGNATURE    |                         |
| A REV 1/68   | -             | Ferry Y. W  | elster Trive                                | isslini              | ne DATE JA                |   | enrelas Ja       | edge.                   |
| U  |               | 1. 0  |   |                      | DAIL ON                   | IL B B IONA   |                  | 4                       |

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# 00815

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| -  |      |      |    |       |  |
|----|------|------|----|-------|--|
| CE | PTIE | CATE | OF | DEATH |  |

00815

|               |  |                         |                                   |   |                            |                     |                      |              |  |              | 47 47                   | - W 0       | -       |
|---------------|--|-------------------------|-----------------------------------|---|----------------------------|---------------------|----------------------|--------------|--|--------------|-------------------------|-------------|---------|
|               | CEASED-NAME<br>ype or print)                             | First<br>Willi          | om.                               | Middle<br>Henry                                       | R                          | lost<br>urke        |                      | Jaj          | At at  | Doy 19       | Xeg                     | 2b.         | HOUR    |
|               |  | 64 Tr Tr Tr Tr          |                                   | monny   |                            |                     |                      | o al         |  |              |                         | IF UNDER    | 7.6     |
| 3. SE)        | Male   |                         | 4. RACE<br>Whi                    | te  |                            | . DATE OF E<br>June | 1,187                | 7            | 6. AGE (In yeors   | MONTHS       | DAYS                    | HOURS       | MIN MIN |
|               | IRTHPLACE (State or                                      |                         | b. CITIZEN OF WH                  |   | 8. MARRIED                 |                     | KKIED                | 9. COUNTY    |  |              |                         |             |         |
|               | Mnn Aru  |                         | U.S                               |   | WIDOWED K                  | ,                   | RCED 🗍               |              | chester  |              |                         |             | Md.     |
| 0. CI         | Cambrid  |                         | 11. NA<br>give ş                  | AME OF HOSPITAL OR IN                                 | STITUTION (If not<br>-Mary | in hospital<br>land | Horing mo            |              | ON (Kind of work dar<br>or life exemitretized<br>pention |              | KIND OF<br>USTRY<br>O C | BUSINESS    | OR      |
| 3a.           | USUAL RESIDENCE (W                                       | here deceosed           | lived, if instituti               | ion: Residence befare                                 | 13c. CITY OR TO            | OWN                 | 13d. INSIDE CITY LIN | AITS? 13e.   | STREET AND NUMBER  |              |                         | - 10        |         |
| dmis          | ssion) STATE ar  | yland                   | 13b. COUNTY :                     | rchester  | Linkw                      | ood                 | YES NO               | <b>x</b>     | Route 50   |              |                         |             | -72     |
| 4. F          |  | irst                    | Middle                            | Lost  | 15.                        | MOTHER'S N          | AAIDEN NAME Fi       |              | Middle   |              |                         | Last        | 44      |
|               | Fr   | ank                     |                                   | Burke   |                            |                     | yn Phy               | 1/1/         |  | Da           | vis                     |             |         |
| 6a.           | WAS DECEASED EVER  |                         | D FORCES?<br>or dates of service) | 16b. SOCIAL SECURITY                                  |                            | ORMANT              | 1776                 |              | Address  |              |                         |             | -6-     |
| - 10          | es, no, or unknown)                                      | In the direction        | or delicator sortico;             | 213-01-   | 7985Mi                     | ss E                | dna P.               | Bur          | ke, Linkw  | ood.         | Md                      |             |         |
|               | 18. CAUSE OF DEAT  | H (Enter only           | one cause per lin                 | ne for (a), (b), and (c).                             | .)                         |                     |                      |              |  |              |                         | MATE INTERI |         |
| 1             | PART I. DEATH  | WAS CAUSED<br>IMMEDIATE | BY;<br>E CAUSE (a)                | Brons   | licon                      | ren                 | morni                | du .         | bulat  |              | 2                       | dan         | -1-     |
|               | 485 X  |                         |                                   | S A CONSEQUENCE OF                                    | 4                          | 100                 |                      | -            |  |              |                         | - 6         | 1       |
|               | Conditions, if ony, w                                    |                         | (b)                               |   |                            |                     |                      |              |  |              |                         |             |         |
|               | rise to immediate of                                     |                         |                                   | S A CONSEQUENCE OF                                    | MILANI.                    |                     |                      |              |  |              |                         |             |         |
|               | lost. 491  | X                       | (c)                               |   |                            |                     |                      |              |  |              |                         |             |         |
|               | PART 2. OTHER SIGN                                       | IFICANT COND            | ITIONS CONTRIBU                   | TING TO DEATH BUT N                                   | OT RELATED TO              | THE TERMIN          | AL DISEASE OR CO     | ONDITION GI  | VEN IN PART 1(a)   |              |                         |             |         |
| ×             | ALC: PARK  | arte                    | no or                             | Perosis   | /                          |                     |                      |              |  |              |                         |             |         |
| CERTIFICATION | 190. DATE OF OPERATI                                     | ON 19b. CC              | NDITION FOR WH                    | ICH OPERATION WAS PE                                  | RFORMED                    | 20o. AUT            | OPSY?                |              | IF YES, WERE FINDING                                     | S CONSIDER   | ED IN C                 | ERTIFYING   | 3       |
| ZIE           |  | 200                     |                                   |   |                            | YES                 | NO 🗌                 | CAU          | SES OF DEATH?  |              |                         |             |         |
|               | 21a. ACCIDENT WAS  |                         |                                   |   |                            | / INJURY O          | CCURRED (Enter       | nature of ir | njury in Part 1 or Port                                  | 2, Item 18.  | )                       | - 1         |         |
| MEDICAL       | OR CONTRIBUTING [  |                         |                                   | Month Day Year  |                            |                     |                      |              |  |              |                         |             |         |
|               | 21d. INJURY OCCURP<br>While Not while<br>at wark ot wark | RED   21e. P            | LACE OF INJURY                    | ( AT HOME, FARM, STREET, FAI<br>OFFICE BUILDING, ETC. | CTORY.) 21f. LOCA          | ATION Stre          | eet or R.F.D. Na.    | C            | ity or Town  | Coun         | łγ                      | S           | itote   |
|               | 22a. I certify th  | ot (1) (this            | haspital) atte                    | ended the decease                                     | ed fram                    | 115/4               | £ , 19_              | , ta_        | 1/19,  | 1968         | , that                  | (I) (w      | e) lost |
|               | saw the de   | ceased aliv             | ve an                             | (did nat) view the                                    | 96 1 and                   | that in (n          | ny) (our) opir       | nion deatl   | h occurred on the  | date and     | haur                    | and fro     | m the   |
| H             | 22b. SIGNATURE   | and K                   | 2. Ma                             | njanov  | DEGREE                     | ATTEND<br>PHYS.     | ING MI               | ED. RECTOR   | STAFF 2  | 2c. DATE SIC | GNED,                   | P           |         |
|               | 22d. PHYSICIAN'S<br>NAME (Type)                          | ALFI                    | 2ED 1                             | 2. MAR  | YANOV                      | 22e. AD             | DRESS                |              | ST, CAI  | NBR          | 106                     | E. 1        | MD      |
| 23a.          | BURIAL, CREMATION,                                       | 23b. DA                 |                                   |   | CEMETERY OR CI             |                     |                      |              | TION (City or Town)                                      | (Cour        |                         | (State      | )       |
|               | RUMPYAH (Spedity)  | Jan                     | .21,196                           |   |                            |                     | rial P               |              | Cambridg   |              |                         | -1          |         |
| 24            | LINERAL DIRECTOR   | . 0                     | Λ                                 | ADDRESS   |                            |                     | 2So. REC'D BY        | REGISTRAR    | 2Sb. REGISTRA  | R'S SIGNAT   | URE                     |             |         |
| D             | quele  | W. S                    | LOZEON                            | Cambri  | dge, Md                    |                     | DATE                 | 241          | 968 Hall   | res          | Jus                     | 1           |         |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 7 and 2 should be filled with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death. VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

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Recambridge, Md.

VR A15ME (5) 10M REV. 1/68 22b. DATE SIGNED

Cambridge.

(County) (State)

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2d HOUR

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12b. KIND OF BUSINESS OR

BETWEEN ONSET AND DEATH

2 hrs.

20. AUTOPSY?

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County

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State

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2Sa. REC'D BY REGISTRAR

Dor 25b. REGISTRAR'S SIGNATURE

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00817 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2a. DATE OF DEATH death. ond. (Type or print) hristian sen YANS 3. SEX 4. RACE 6. AGE (In years ofter by Inlost birthday) MALE hours requires that the deoth certificate be executed within 24 hours 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED physician and completely filled in event, within 72 WIDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 12g. USUAL OCCUPATION (Kind of work done NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.) MERCHANT MATINE pleose remove corbon Ambridge 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13 CITY OR TOWN amo he 13b. COUNTY and in any 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle ISTIANISEN 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Ves, no, or unknown) (If yes give war or dates of service) 090-14-4170A EASTERN Shore State Med Kecneds 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c). PART I. DEATH WAS CAUSED BY: 10 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gove rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying couse; burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the O FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO S 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. detoched AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Tawn While Not while at work

causes stated abave (() (we) (did) (did not) view the bady after death.

DEGREE

23c. NAME OF CEMETERY OR CREMAJOR

**ADDRESS** 

PHYS

22e. ADDRESS

22b-SIGNATUR

22d. PHYSICIAN'S

23a. BURIAL, CREMATION

FUNERAL DIRECTOR

YO ISIERI

rector, 0

VR 115 (4) 30M REV 7/68

NAME (Type)

23b. DATE

H.WATSON

00817

IF LINOFR 1 YEAR

INDUSTRY

MONTHS I

2b. HOUR

IF UNDER 24 HRS

HOURS

12b. KIND OF BUSINESS OR

4.30 A.M

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING County Stote 22a. I certify that (I) (this haspital) attended the deceased from APR/2 4, 1961, ta Walley 2, 1968, that (I) (we) last saw the deceased alive on Francisco 2, 1961, and that in (my) (aur) apinian death occurred an the date and haur and from the 226. DATE SIGNED STAFF PHYS. DIRECTOR A.CTERN (State) (Caunty) 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DATEJAN 1968

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| 00070   |   | CERTIFICAT   | TE OF DEATH   |   |                        | 0.08                        | 118                                     |
|---|---|--|---|---|------------------------|-----------------------------|---|
|   | ICE WRIGHT  | CLAY   |   | 2a. DATE OF DEATH                                     | -                      | 1968°°                      | 2b. HOUR                                |
| 3. SEX Female   | 4. RACE White   |  | May 20, 190   | 2 6. AGE  | (III yours             | IF UNDER 1 YEAR MONTHS DAYS | HOURS MIN                               |
| 7o. BIRTHPLACE (State or foreign country) <b>Penna</b> .                                      | 7b. CITIZEN OF WHAT COUNTRY?  | 8. MARRIED WIDOWED                                   | NEVER MARRIED   | 9. COUNTY OF DEATH<br>Dorches                         | ter                    |                             | Md                                      |
| O. CITY OR TOWN OF DEATH  Cambridge   | 11. NAME OF HOSPITAL OR II<br>give street address)<br>Cambridge M                           | d. Hospi   | tal during mg   | L OCCUPATION (Kind of working life, ever<br>Housewife | n if retired.)         | 12b. KIND OF EINDUSTRY      |   |
| 13a. USUAL RESIDENCE (Where deceadedmissian) STATE Md   | ised lived, if institution: Residence before 13b. COUNTY <b>Dorchester</b>                  | Cambrid  | YES NO  | MITS? 13e. STREET AND 210 G1                          | NUMBER<br>enburn       | Avenue                      |   |
| 14. FATHER'S NAME First Will:   | am S. Wright  | 1S. M  | OTHER'S MAIDEN NAME F                                     |   | Middle F               | ountair                     | Last                                    |
| 16o. WAS DECEASED EVER IN U.S. AR<br>Yes, no, or unknown) (If yes give                        | MED FORCES?<br>war or dates of service)   | 'NO. 17. INFO Mr.                                    | Ellison R.  | Clayton,  | Address<br>Cambrid     |                             |   |
| PART I. DEATH WAS CAUSI<br>IMMEDI   | DUE TO, OR AS A CONSEQUENCE OF  | c carcin   | noma  |   |                        | BETWEEN ON                  | ate interval<br>iset and death<br>nths. |
| rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CO |   |  | IE TERMINAL DISEASE OR C                                  | ONDITION GIVEN IN PAR                                 | T 1(o)                 |                             |   |
| 190. DATE OF OPERATION 196 21 a. ACCIDENT WAS UNDERLYI  | o. CONDITION FOR WHICH OPERATION WAS P  | ERFORMED   | 20o. AUTOPSY?  YES NO 🔀                                   | CALISES OF DEA  | RE FINDINGS CO!<br>TH? | NSIDERED IN CEI             | RTIFYING                                |
| 21a. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF DEA                                       | ATH HOUR A.M. Month Day Yeo   |  | INJURY OCCURRED (Enter                                    | noture of injury in Po                                | t 1 or Part 2, Ite     | em 18.)                     |   |
| While Nat while at wark of work   | B. PLACE OF INJURY (AT HOME, FARM, STREET, F.<br>OFFICE BUILDING, ETC.                      | 330.00   |   |   |                        | County                      | State                                   |
| 22a. I certify that (I) (1) saw the deceased causes stated above                              | his hospital attended the decear<br>alive an 1/2 2/<br>ve, (1) (Mass (did) (Mass ) view the | sed from<br>19 <u>68</u> , and the<br>bady after dea | 0/2/, 19 <u>0</u><br>nat in (my) ( <b>xxx)</b> api<br>th. | 7, ta <u>1/22</u><br>nian death accurre               | d an the date          | , that<br>e and haur a      | (I) (3708) las<br>and fram the          |
| 22b. SIGNATURE  22d. PHYSICIAN'S  | Klingen   | M.D. DEGREE  | PHYS. DI  | ED. STAFF<br>IRECTOR PHYS.                            | 0 1                    | ATE SIGNED<br>/23/68        |   |
| NAME (Type) Alfre   | ed R. Maryanov, M.  |  | 610 Rac   | e St., Cam  |                        |                             |   |
| Burial (Specify) Ja   | n 24, 1968 Cambri   | dge Ceme   | tery  |   | ge, Mar                |                             | (Stote)                                 |
| 24. FUNERAL DIRECTOR LeCompte Funera  | l Service, Cambrid  | ge, Mary   | land 2So. REC'D B   | Y REGISTRAR 2SE                                       | REGISTRAR'S S          | IGNATURE                    | della                                   |

DATE JAN 29

1968

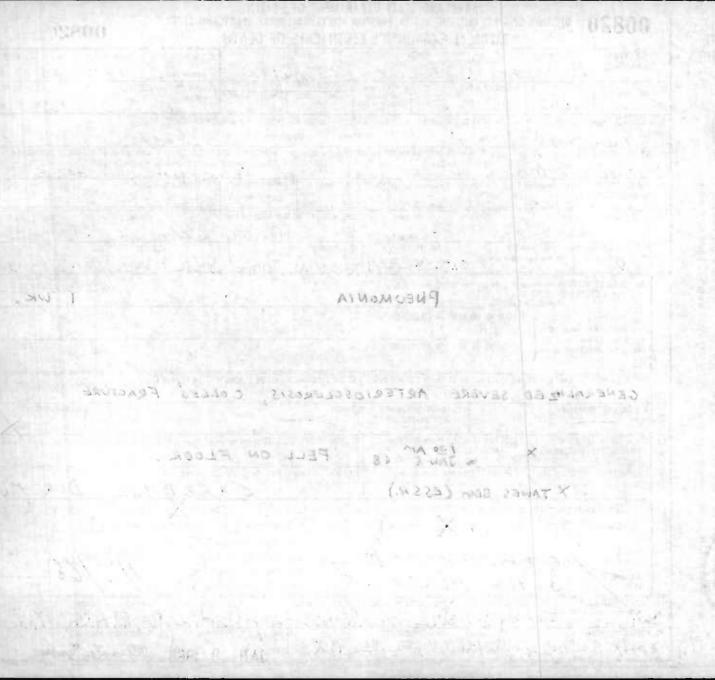
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funtral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and shauld be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, within 72 hauts after deatheath.

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| MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  |  |
|--|--|
| FOR STATE TEEM 5 Film G396 1/1 MEDICAL EXAMINER'S CERTIFICATE OF DEATH   | 00819  |
| HEALTH DERT. 1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Mont  | h Doy Yeor 2b HOUR                           |
| LUELLA MORRISON DICKIE DEATH MATED JAI   | N. 8 1968 A.N                                |
| FEMALE WHITE 1/13/75 1874 St birthday) MONTHS DAYS HOURS MIN. Month Doy  | Yeor 19 N                                    |
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| OUNTRY OR SCOTIA U.S.A. WIDOWED DIVORCED DORCHE STER   | M  |
| RURAL CAMBRIDGE give street oddress) SHORE STATE HOSPITAL during most of working life even if retired.   | 12b. KIND OF BUSINESS OR INDUSTRY            |
| 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE 13b. COUNTY BETTERTON YES X NO 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER   |  |
| 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle  | Lost   |
|  |  |
| The control of the co |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (a)   PNE UMONIA, TERMINAL    DIE TO OR AS A CONSCOUENCE OF  | 3 DAYS                                       |
| DUE TO, OR AS A CONSEQUENCE OF   | 7 WEEKS                                      |
|  | 7 WEEKS                                      |
|  |  |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21b. TIME OF INJURY Month Day Year.  21c. FXTERNAL CAUSE WAS  21b. TIME OF INJURY Month Day Year.  21c. FXTERNAL CAUSE WAS  21b. TIME OF INJURY Month Day Year.  21c. FXTERNAL CAUSE WAS  21b. TIME OF INJURY Month Day Year.  21c. FXTERNAL CAUSE WAS   |  |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  9 4 7  19b. CONDITION FOR WHICH OPERATION  WAS DEPENDING 12  |  |
| WAS PERFORMED?   | 20. AUTOPSY?                                 |
| 196. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  210. EXTERNAL CAUSE WAS  21b. TIME OF INJURY Month, Doy, Yeor  21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2  | YES NO X                                     |
| De Dimary Top Controller Time To Holle A M   | , Irem 16.)                                  |
| = 0 5 - 0   2   ZIG. INJUNT OCCURRED   ZIE. PLACE OF INJUNT (AT nome, form, street,   ZIT. LOCATION Street of K.F.D. No. (ify or lown  | County . Stote                               |
| 220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry death resulted from: Notural couses , Accident , Suicide , Homicide , Undetermined manner   | , ond in my opinion                          |
| deoth resulted from: Noturol couses  | er 🔲   |
| deoth resulted from: Noturol couses, Accident  |  |
| ACTUAL SIGNATURE ACTUAL | TE SIGNED<br>/8/68                           |
| WHILE AT WORK AT WORK A HOSPITAL CAMBRIDGE, MO.  220. I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry death resulted from: Notural couses , Accident X, Suicide , Homicide , Undetermined monner and the signature    EXAMINER:  ACTUAL SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  EXAMINER:  NAME (Type) JOHN MACE, JR.  ADDRESS(Street, city, town, or county)  230. BURIAL (REMATION), 23b. DATE  231. NAME OF CEMETERY OR (REMATIORY)  232. SUICIDE (STORY)  | 7 0/ 00                                      |
| DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, town, or county)  230. BURIAL (REMATION, REMOVAL (Specify)  231. DATE  232. NAME OF CEMETERY OR CREMATORY  233. DATE  234. DOCATION (City or Town)  | (County) (State)                             |
| Allrial 1-10-68 flill one couly sull one   | Kent Ind.                                    |
| VR ALSME STOLL 24. FUNERAL DIRECTOR ADDRESS 25b. REGISTRAL POR 25b. RE |  |

|   | egenor Charles            |  |                             |
|---|---------------------------|--|-----------------------------|
|   | BOLLER BOOK HAT FREEDRICK |  |                             |
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| 를 위한 교육에 가장 사용하게 된 10 kg/kg (10 kg/kg ) 경기 및 가장 및 10 kg/kg (10 kg/kg ) 가장 및 10 kg/kg (10 kg/kg ) 및 10 kg/kg (10 k |                           |  | STATE OF PURPLE STATE       |
|   |                           | II WAL N   | All distances in the second |



FOR STATE HEALTH (DEP) Rage H 2 and 3 to ny delay is P.M.3. 5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Dexart the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1 DICAL EXAMINER: This certificate should be executed within 24 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00821

| 1.               |            |   |   |  |  |  |  |  |                                       |  |  |              |                    |
|------------------|------------|---|---|--|--|--|--|--|---------------------------------------|--|--|--------------|--------------------|
|                  |            | CEASED-NAME First ype ar Print) CHARL   | Œ   | Middle H.  | FLO  | VERS Last  |  |  | DATE KNOWI<br>OF ESTI-<br>DEATH MATED | Tom                                      |  | Yeor 2       | b. HOUR            |
| 2                | . SE       | X 4. RACE   | S. DATE OF BIRTH  |  | AGE (In years                                    | IF UNDER 1 YEAR  | IF UNDER 2                                 |  | DATE PRONOL                           |  |  |              | d. HOUR            |
| 1                | Ma         | ale White   | Mar. 1  |  | last birthday) 81 YRS.                           | MONTHS DAYS  | HOURS                                      | MIN  | Month<br>Jan                          | Day<br>27                                | Year                                       | 9 68         | ra. HOUK           |
| 70               | a. B       |   | . CITIZEN OF WHAT   | T COUNTRY?   | 8. MAR   | RIED NEVER MA  | RRIED 🗌                                    | 9. COUNTY  | OF DEATH                              |  |  | X100         |                    |
| ca               | aunt       | Maryland  | USA   |  |  |  | ORCED 🗌                                    | Dor  | cheste                                | er                                       |  |              | M                  |
|                  |            | ity or town of death<br>ambridge  |   | ME OF HOSPITAL OF<br>eet oddress)<br>nbridge   |  | (If not in hospital  | 12a. US<br>during                          |  |                                       | f wark dane<br>in if retired.)           | 126. KIND<br>INDUSTRY                      | of Busine    | SS OR              |
| 13               | 3 a.<br>ad | USUAL RESIDENCE (Where deceosed<br>Imissian) STATE <b>Md</b>  | l lived, if instituti   |  | fare 13c. CITY                                   | OR TOWN  | YES NO                                     |  | STREET AND Nor                        | NUMBER                                   |  |              |                    |
| 14               | 4. F/      | ATHER'S NAME First  | Middle  | Lo   | ast  | 15. MOTHER'S MAI   | DEN NAME                                   | First  |                                       | Middle                                   |  | Last         |                    |
|                  |            | Alfred  | T.  | Flower   | rs   |  | 0  | Carrie   |                                       | 3  | Smit                                       | h            |                    |
|                  |            | WAS DECEASED EVER IN U.S. ARMED FOI<br>es, na, ar unknawn) (If yes give wor   | RCES?   | 66. SOCIAL SECURIT   | TY NO. 17  | INFORMANT Ch.  | H. F                                       | Lowers   |                                       | DDRESS                                   |  |              |                    |
|                  |            | 18. CAUSE OF DEATH (Enter only  | one couse per line  | e for (o), (b), and  | (c).)  |  |  |  |                                       |  |  | ROXIMATE INT |                    |
|                  |            | PART I DEATH WAS CAUSED I   | RV.   |  |  | lugion   |  |  |                                       |  | 20   |              |                    |
|                  |            | 11109 IMMEDIATE   |   | Coronar  |  | TUSTON   |  |  |                                       |  |  | 7 11 .1.1    | 110                |
|                  |            | Canditians, if any, which gave  | DUE TO, OK A  | IS A CONSEQUENCE   | Ur   |  |  |  |                                       |  |  |              |                    |
|                  | н          | rise to immediate couse (o),  | (b)   |  |  |  |  |  |                                       |  |  |              |                    |
|                  |            | stoting the underlying couse  | DUE TO, OR A  | AS A CONSEQUENCE   | OF   |  |  |  |                                       |  |  |              |                    |
|                  |            | lost.   | (c)   |  |  |  |  |  | +                                     |  |  |              |                    |
|                  | 1          | PART 2. OTHER SIGNIFICANT CONDITI   | ONS CONTRIBUTIN   | G TO DEATH BUT I   | NOT RELATED T                                    | O THE TERMINAL D   | DISEASE OR CO                              | ONDITION GIV   | EN IN PART                            | 1(a)                                     |  |              |                    |
| 2                | _          | 4201  |   |  |  |  |  |  |                                       |  |  |              |                    |
| TIO              |            | 19a. DATE OF OPERATION  | 1   | 9b. CONDITION FO   |  | RATION   |  |  |                                       |  | 20 /                                       | AUTOPSY?     |                    |
| 2                | 2          |   |   | WAS PERFORM  | IED2   |  |  |  |                                       |  | 20.  |              | NO K               |
| 1 5              | = 1        |   |   | WAS FERFORM  | TEU!   |  |  |  |                                       |  |  |              |                    |
| FERTIFI          | E E        | 21a. EXTERNAL CAUSE WAS   | 21b. TIME OF IN   |  |  | c HOW INSURY OF  | CURRED (Ent                                | er noture of   | iniusty in Port                       | 1 or Port 2 lt                           | Y  |              | 42)                |
| AL CERTIFICATION |            | 21a. EXTERNAL CAUSE WAS<br>PRIMARY OR CONTRIBUTING  | HOUR A.M.   | JURY Month, Doy,   |  | c. HOW INJURY O  | CCURRED (Ent                               | er noture af   | injury in Port                        | 1 or Part 2, It                          | Y  |              | 42                 |
|                  | DICAL      | PRIMARY OR CONTRIBUTING CAUSE OF DEATH  | HOUR A.M.   | JURY Month, Doy,   | Yeor 21  |  | 14   | er noture af   |                                       | + 100                                    | em 18.)                                    |              | 10                 |
| MEDICAL CERTIFI  | DICAL      | PRIMARY OR CONTRIBUTING CAUSE OF DEATH  21d. INJURY OCCURRED 21e. PL/ while Not while foctor  | HOUR A.M.   | JURY Month, Doy, hame, form, stree   | Yeor 21  | c. HOW INJURY OF   | 14   | er noture af   | injury in Port                        | + 100                                    | Y  |              | Stote              |
|                  | DICAL      | PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED Society WHILE NOT WHILE AT WORK AT WORK   | HOUR A.M. P.M. ACE OF INJURY (At  | NJURY Month, Doy, thame, form, stree, etc.)  | Yeor 21<br>19<br>et, 21                          | f. LOCATION Street   | or R.F.D. No.                              |  | City or Town                          |  | em 18.)<br>Caunty                          | ES           | Stote              |
|                  | DICAL      | PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED AT WORK AT WORK 22a. I certify that I tack  | HOUR A.M. P.M. ACE OF INJURY (At ary, office building,                                | JURY Month, Doy, hame, form, streetet.)  | Yeor 21<br>19<br>et, 21<br>ribed abave           | f. LOCATION Street   | or R.F.D. No.                              | Inspect  | City or Town                          | Inquiry [                                | em 18.)  Caunty                            |              | Stote              |
|                  | DICAL      | PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED Society WHILE NOT WHILE AT WORK AT WORK   | HOUR A.M. P.M. ACE OF INJURY (At ary, office building,                                | JURY Month, Doy, hame, form, streetet.)  | Yeor 21<br>19<br>et, 21<br>ribed abave           | f. LOCATION Street   | or R.F.D. No.                              | Inspect  | City or Town                          |  | em 18.)  Caunty                            | ES           | Stote              |
|                  | DICAL      | PRIMARY OR CONTRIBUTING CAUSE OF DEATH  21d. INJURY OCCURRED AT WORK AT WORK 22a. I certify that I tag death resulted fram:   | HOUR A.M. P.M. ACE OF INJURY (Ar iny, office building, ak charge of the Natural cause | JURY Month, Doy, hame, form, streetet.)  | Yeor 21<br>19<br>et, 21<br>ribed abave           | f. LOCATION Street , held an Auto Suicide,                       | or R.F.D. No.                              | Inspect  | City or Town                          | Inquiry<br>ed manner                     | Caunty                                     | ES           | Stote              |
|                  | DICAL      | PRIMARY OR CONTRIBUTING CAUSE OF DEATH  21d. INJURY OCCURRED AT WORK AT WORK AT WORK 22a. I certify that I tag death resulted fram:   | HOUR A.M. P.M. ACE OF INJURY (At ary, office building,                                | JURY Month, Doy, hame, form, streetet.)  | Yeor 21<br>19<br>et, 21<br>ribed abave           | f. LOCATION Street , held an Auto Suicide, CHI                   | or R.F.D. No.  apsy, Hamicide              | Inspect  | City or Townian X, Indetermin         | Inquiry<br>ed manner<br>22b. DAJE        | Caunty  Caunty  SIGNED                     | ES           | Stote              |
|                  | DICAL      | PRIMARY OR CONTRIBUTING CAUSE OF DEATH  21d. INJURY OCCURRED VIOLENT OCCURRED AT WORK | HOUR A.M. P.M. ACE OF INJURY (Ar iry, office building, ak charge of the Natural cause | HJURY Month, Doy, hame, form, streetc.) e remains describes X, Accid   | Yeor 21<br>19<br>et, 21<br>ribed abave           | f. LOCATION Street  , held an Auto Suicide, CHI                  | or R.F.D. No.  ppsy, Hamicide              | Inspect  EXAMINER  CAL EXAMINE   | City or Town ian X, Indetermin        | Inquiry<br>ed manner<br>22b. DATE<br>1/2 | Caunty  Caunty  SIGNED                     | i in my (    | Stote              |
|                  | DICAL      | PRIMARY OR CONTRIBUTING CAUSE OF DEATH  21d. INJURY OCCURRED total WHILE AT WORK AT WORK AT WORK  22a. I certify that I take death resulted fram:  ACTUAL SIGNATURE  EXAMINERS  | HOUR A.M. P.M. ACE OF INJURY (Ar iny, office building, ak charge of the Natural cause | HJURY Month, Doy, hame, form, streetc.) e remains describes X, Accid   | Yeor 21<br>19<br>et, 21<br>ribed abave           | , held an Auto<br>Suicide ,<br>CHI                               | or R.F.D. No.  apsy, Hamicide EF MEDICAL E | Inspect  Ins | City or Town ian X, Indetermin        | Inquiry<br>ed manner<br>22b. DAJE        | Caunty  Caunty  SIGNED                     | i in my (    | Stote<br>a pini ar |
| MEDICAL          | MEDICAL    | PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED WHILE AT WORK AT WORK  22a. I certify that I tag death resulted fram:  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  BURIAL, GREMATION, 23b. D  | HOUR A.M. P.M. ACE OF INJURY office building, ok charge of the Natural cause          | HJURY Month, Doy, hame, form, streetet.) e remains descress X, Accid   | Yeor 21 19 et, 21 ribed abave dent,              | , held an Auto<br>Suicide ,<br>CHI                               | or R.F.D. No.  ppsy                        | Inspect EXAMINER CAL EXAMINER L EXAMINER city, tawn, o   | City or Town ian X, Indetermin R      | Inquiry ced manner  22b. DATE 1/2 Cambri | Caunty  Caunty  Signed  9/68 dge, (County) | I in my of   | Stote<br>a pini ar |
| MEDICAL          | MEDICAL    | PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PL/ WHILE AT WORK AT WORK  22a. I certify that I tag death resulted fram:  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  BURIAL, CREMATION, 23b. D   | HOUR A.M. P.M. ACE OF INJURY office building, ok charge of the Natural cause          | hame, form, streetet.)  e remains descrees X, Accidented Accidente | Yeor 21 19 et, 21 ribed abave dent,  OF CEMETERY | f. LOCATION Street , held an Auto Suicide , CHI M.D. ASS DEF ADI | or R.F.D. No.  DIPSY                       | Inspect EXAMINER CAL EXAMINER L EXAMINER city, tawn, o   | City or Town ian X, Indetermin R      | Inquiry ed manner  225. DATE 1/2 Cambri  | Caunty  Caunty  Signed  9/68 dge, (County) | I in my of   | Stote<br>a pini ar |

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TO DEPUTY

Health priar to burial, crematian, ar remayal, and in any event within 72 haurs after death.

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|  |  | MEDIC   | AL EVAIA!  | HACK 2 C                                   | EKIII              | ICAIL                             | OL DI   | HIA:   |  |  |                   |
|--|--|---|--|--|--------------------|-----------------------------------|---|--|--|--|-------------------|
| 1. DECEASED-NAME<br>(Type or Print)                | First<br>COR                                     | A   | MAY  | e  | FLUH               | last<br>IARTY                     |   |  | 20. DATE KNOWN Month OF ESTI- DEATH MATED JAN .  | Day Yeor 22 168                        | 2b. HOUR<br>1 P.M |
| 3. SEX<br>FEMALE                                   | 4. RACE<br>WHITE                                 | 5. DATE OF BIRT<br>10/8/8   | 1  | 6. AGE (In years<br>last bighday)<br>86 YR | MONTHS<br>5.       | DAYS                              | IF UNDER<br>HOURS                                     | 24 HRS.<br>MIN.                              | 2c. DATE PRONOUNCED DEAD  Month A N . 22   | Year 19 68                             | 2d. HOUR          |
| 7a. BIRTHPLACE (Statements) MD.                    | te or foreign 7b                                 | . CITIZEN OF WHA  | U.S.   |  | ARRIED TO          | NEVER MA                          | RRIED _   |  | NTY OF DEATH<br>RCHESTER   |  | Md                |
| 10. CITY OR TOWN C                                 |  |   | ME OF HOSPITAL<br>treet address)<br>STERN S            |  |                    |                                   |   |  | CUPATION (Kind of work done f working life, even if retired.)  | 12b. KIND OF BUS<br>INDUSTRY<br>Hom    | INESS OR          |
| 130. USUAL RESIDEN<br>odmission) STATI             | ICE (Where deceased<br>MD.                       | l lived, if institut<br>13b. COUNTY                                 | tion: Residence<br>CAROLIN                             | befare 13c. CIT<br>E FEDE                  |                    |                                   | d. INSIDE CITY YES X                                  |  | 13e. STREET AND NUMBER 201 N. MAIN   |  |                   |
| 14. FATHER'S NAME<br>GEORGE                        | First<br>STANT                                   | Middle  |  | Last                                       |                    | HER'S MAI                         | DEN NAME<br>KINSO                                     | First<br>N                                   | Middle   | Los                                    |                   |
| 160. WAS DECEASED E<br>(Yes, na, or unknown)       | VER IN U.S. ARMED FO<br>wn) (If yes give wa      |   | 166. SOCIAL SECU<br>2.16-48-                           |  | 17. INFOR          |                                   | L REC   | ORDS   | ADDRESS  |  |                   |
| Canditions, if rise to immed stating the ulast.    | any, which gave diate couse (a), nderlying couse | BY: CAUSE (a) DUE TO, OR (b) DUE TO, OR (c)                         | TERMINA<br>AS A CONSEQUEN<br>FRACTUR<br>AS A CONSEQUEN | L PNEUM                                    | OF                 | L. F.                             | MUR   |  |  | APPROXIMATE BETWEEN ONSET 4 DAYS 5 MO. |                   |
| 190. DATE OF O                                     |  |   | 19b. CONDITION<br>WAS PERFO                            | FOR WHICH OF                               | PERATION           |                                   |   |  | N GIVEN IN PART I(a)   | 20. AUTOPS)                            | /?<br>NO [ૐ       |
| 21o. EXTERNAL PRIMARY CAUSE OF DEA' 21d. INJURY OF | OR CONTRIBUTING THE COURSED 21e. PLA             | 21b. TIME OF I HOUR A.N ? P.N ACE OF INJURY (A Iny, affice building | A. 8/7/90°   | 2 67                                       | FELL<br>21f. LOCAT | AT I                              | OME<br>or R.F.D. No                                   | ,  | City or Town   | County                                 | State             |
| 22a. I   | JOHN MA  ATTION, 23b. D  TOR                     | Natural cause  M.D  | es [], Acc   |  | Suicid  Y OR CREA  | e , CHIE M.D. ASSI DEP ADD MATORY | Hamicic F MEDICAL ISTANT MED UTY MEDICO PRESS (Street | EXAMINE DICAL EXA AL EXAMI t, city, ta  23d. | MINER 22b. DATE  MINER 1/2  Wn, or county)  LOCATION (City or Town)  Federalsburg, 1  SISTRAR 25b. REGISTMAR'S | signed 2/68 (Caunty) (S                | y opinian         |

MARYLAND STATE DEPARTMENT OF HEALTH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEPTIFICATE OF DEATH

00823

| fee |               | CERTIFICATE OF DEATH   | *   |  |  |
|-----|---------------|--|---|--|--|
| F   |               | ECEASED-NAME First Middle Last 2a. DATE OF DEATH Type or print) Month  | Day Year 2b. HOUR                                       |  |  |
| I   |               | pertha M. Gray Vane  | 12-196X 10AM  |  |  |
| I   | 3. SE         | 4. RACE  4. RACE  5. DATE OF, MRTH  6. AGE (In years lost birthday)  | IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. |  |  |
|     |               | Temare White 8-30-19 88 4  |   |  |  |
|     |               | BIRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH  | 1   |  |  |
|     |               | Maryland WSH WIDOWED DIVORCED DONCHES  | ter Md  |  |  |
| 1   | 0. (          | CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress)  12. USUAL OCCUPATION (Kind of work dor give street oddress)  Ouring mast at warking life, even if retired to the control of the co |   |  |  |
| 1   | 10            | and the state of t | Home  |  |  |
|     |               | USUAL RÉSIDENCE (Where deceased lived, if institution: Residence befare lission) STATE 13b. COUNTY Developed Elliotts 12b. NO 13b. No 12b. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? YES NO 1   |   |  |  |
|     | 14.           | FATHER'S NAME First Middle Cliff 15. MOTHER'S MAIDEN NAME First Middle Maria Buckmast  | er DLost  |  |  |
|     | 160           | , WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT / Address   | Combined  |  |  |
|     |               | (es, na, ar unknown) (If yes give wor or dates of service) 2/2-18-6845/CCAS-Bastern Store  | SLL les   |  |  |
|     |               |  | APPROXIMATE INTERVAL                                    |  |  |
|     |               | 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Myocardial Dufaction   | DETWEEN ONSET AND DEATH                                 |  |  |
|     |               | 410 9 IMMEDIATE CAUSE (a) 1/40 CONSEQUENCE OF  | of G resulter   |  |  |
|     |               | Conditions, if any, which gave   | 1   |  |  |
|     |               | rise to immediate cause (a), (b) DUE TO, OR AS A CONSEQUENCE OF  |   |  |  |
|     |               | last. (c)  |   |  |  |
|     |               | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)   |   |  |  |
|     | z             | 4201   |   |  |  |
|     | CERTIFICATION | CALLETT OF DEATHS  | S CONSIDERED IN CERTIFYING                              |  |  |
| l   | RTIFI         | YES NO   |   |  |  |
| ı   |               | 210. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Par | 2, Item 18.)  |  |  |
|     | MEDICAL       | (If either, natify medical examiner) P.M. 19   |   |  |  |
| l   | ×             | 21d. INJURY OCCURRED While Not while at work 1 Variety of Street or R.F.D. No. 1 Variety or Town 2 Variety or Town 3 Variety of Street or R.F.D. No. 1 Variety or Town 3 Variety of Street or R.F.D. No. 1 Variety or Town 3 Variety of Street or R.F.D. No. 1 Variety or Town 3 Variety of Street or R.F.D. No. 1 Variety or Town 3 Variety of Street or R.F.D. No. 1 Variety or Town 3 Variety of Street or R.F.D. No. 1 Variety or Town 3 Variety or Town | Caunty State  |  |  |
| ı   |               | 22a. I certify that (I) (this haspital) attended the deceased fram, 19, ta1/12,  | 19 68 that (I) (we) las                                 |  |  |
|     |               | saw the deceased alive an 1/12 19.68, and that in (my) (aur) apinian death occurred an the   | date and haur and from the                              |  |  |
|     |               | causes stated above, (1) (we) (did) (did not) view the body ofter death.   |   |  |  |
|     |               | ATTENDING MED. STAFF   | 2c. DATE SIGNED<br>1/12/6 <b>8</b>                      |  |  |
|     |               |  |   |  |  |
|     | ,             | 22d. PHYSICIAN'S NAME (Type) E. C. FERNANDEZ 22e. ADDRESS S. HOSPITAL, CAMBRID   | GE, MD.   |  |  |
|     | 23a.          | BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 234 LOCATION (City or Town)  | (Caunty) (State)  |  |  |
|     |               | REMOTAS (Specify) 1/17/1968 DORCHESTER Mon PAST CHMBRID  | E, DOR, MV  |  |  |
|     | 0             | FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRA   |   |  |  |
|     | 1             | WTHOMY LECOMPLE CAMBRIDGE, MD DATEJAN 16 1968 ICH  | arles Judge   |  |  |

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

|                       |  |                                |                           |  | CEKIII     | FICAIL OF           | DEATH                |                          |  | UU                      | 364                 |                    |                |  |
|-----------------------|--|--------------------------------|---------------------------|--|------------|---------------------|----------------------|--------------------------|--|-------------------------|---------------------|--------------------|----------------|--|
|                       | ED-NAME  | First                          | 3-100                     | Middle   | 10.0       | Lost                |                      | 2o. DATE O               |  |                         | 14                  | 2b. l              | HOUR           |  |
| (Type                 | or print)  | Fra                            | ances                     |  |            | Grimes              |                      | 1/                       | 1/29/68 Doy Year                                       |                         |                     |                    | 1              |  |
| 3. SEX                | emale  |                                | 4. RACE Wh                | ite  |            | S. DATE OF B        | . 29, I              | 1907                     | 6. AGE (In years lost dinhdoy)                         | MONTHS                  | DAYS                | HOURS              | 24 HRS.<br>MIN |  |
| country               | IPLACE (Stote or for<br>irginia                                |                                | THE S                     | VHAT COUNTRY?  | WIDOW      |                     | RCED 🗌               |                          | chester  |                         |                     |                    | M              |  |
| 10. CITY (            | OR TOWN OF DEATH   |                                |                           | NAME OF HOSPITAL OR IN:<br>a street oddress)<br>Taylor Isl |            | (If not in hospitol | 120. USU<br>during m | ost of working<br>Housew | N (Kind of work don<br>g life, even if retired<br>nice | ne 12b<br>INC           | . KIND OF<br>DUSTRY | BUSINESS           | OR             |  |
| 13o. USU<br>odmission | AL RESIDENCE (When) STATE Mary]                                | re deceosed<br>Land            | 13b. COUNTY               | chester  |            | OR TOWN             | 13d. INSIDE CITY L   |                          | TREET AND NUMBER Lylor Isla                            | ınd                     |                     |                    |                |  |
| 14. FATHI             | ER'S NAME Firs   | it                             | Middle                    | Lost   |            | 15. MOTHER'S M      | AIDEN NAME           | irst                     | Middle   |                         |                     | Lost               |                |  |
|                       | Jan  |                                | W.                        | Oliv   |            |                     | Lu                   | су                       | N.   |                         |                     |                    |                |  |
| 16o. WA:<br>Yes, n    | o or unknown)  | U.S. ARMEI<br>(If yes give wor | or dates of service) None | 16b. SOCIAL SECURITY 215-09-80                             |            | 17. INFORMANT       | D (                  | 3                        | Address  |                         |                     |                    |                |  |
|                       |  |                                |                           |  |            | Mr. Har             | TY ROLL              | TILMES                   | same add   | ress                    |                     | MATE INTERV        |                |  |
| 18.                   | PART I. DEATH W  | AS CAUSED I                    | BY:                       | line for (o), (b), ond (c)                                 | h          | 60 min              | 1 lecen              | ,                        |  |                         | BETWEEN C           | INSET AND D        | EATH           |  |
|                       | 4121   | IMMEDIATE                      | CAUSE (o)                 | AS A CONSCOURTNOT OF                                       | 0          | n                   | The state of         | 0                        | 1  |                         | 5                   | 6/10               | 2.0            |  |
| Con                   | ditions, if ony, whi   | ch gove)                       | DUE TU, UK                | AS A CONSEQUENCE OF  |            | · Verent            | PI                   | 1/2                      | ()   |                         | 7                   |                    |                |  |
|                       | to immediate co  |                                | DUF TO OR                 | AS-A CONSPOUENCE OF  | X          | D                   |                      | U.                       |  | -                       | 5                   |                    |                |  |
| lost                  | ting the <u>underlying</u>                                     | g couse                        | (c)                       | alle   | Ne         | lever               | - 6                  | ,                        |  |                         |                     |                    |                |  |
| 1                     | RT 2. OTHER SIGNIFIT   | CANT COND                      | ITIONS CONTRIB            | EUTING TO DEATH BUT N                                      | OT RELATE  | D TO THE TERMINA    | AL DISEASE OR        | CONDITION GIV            | EN IN PART 1(o)  |                         |                     |                    |                |  |
| CERTIFICATION 1300    | DATE OF OPERATION  | 1 19b. CC                      | NDITION FOR W             | HICH OPERATION WAS PE                                      | RFORMED    | 20a. AUTO           |                      | CALIST                   | F YES, WERE FINDING<br>S OF DEATH?                     | S CONSIDE               | RED IN C            | ERTIFYING          | ì              |  |
| 3 D                   | . ACCIDENT WAS U<br>OR CONTRIBUTING CA<br>either, notify medic | USE OF DEATH                   | HOUR A.M                  | . Month Doy Yeor   |            | c. HOW INJURY OC    | CURRED (Ente         | r noture of inj          | ury in Port 1 or Port                                  | 2, Item 1E              | 3.)                 |                    |                |  |
| Wh                    | d. INJURY OCCURRED   | 21e. P                         | LACE OF INJURY            | ( AT HOME, FARM, STREET, FA<br>OFFICE BUILDING, ETC.       | CTORY,) 21 | f. LOCATION Stre    | et or R.F.D. No      | . Cit                    | y or Town  | Cour                    | nty                 | Si                 | tote           |  |
| 220                   | saw the dece   | eased aliv                     | re an/_                   | tended the deceas<br>) (did not) view the                  | 19,        | ond that in (m      |                      | inian death              | accurred on the  | 19 <i>61</i><br>dote an | _, thot<br>d hour   | (I) (wa<br>and fra | e) la:<br>m th |  |
| 22Ь                   | SIGNATURE /  | 1/2                            | Louis                     | Down   | (          | DEGREE PHYS.        | NG D                 | MED.                     | STAFF PHYS.  | 2c. DATE SI             | GNED /              | 8                  |                |  |
| 22d                   | . PHYSICIAN'S<br>NAME (Type)                                   |                                | /                         |  |            | 220-7ADI            | DRESS                | da                       | Mai'   |                         |                     |                    |                |  |
| 23o. BUI              | RIAL, CREMATION,   | 23b. DA                        |                           |  |            | OR CREMATORY        |                      |                          | ION (City or Town)                                     | ,                       | inty)               | (Stote             | )              |  |
|                       | NOAVI true ala   | 2/                             | 4/68                      |  |            | Cemetery            | To                   |                          | timore, M  |                         |                     |                    |                |  |
| 24. FUN               | ERAL DIRECTOR  |                                |                           | ADDRESS  | .11        | 5 " not             | 2So. REC'D E         | BY REGISTRAR             | 2Sb. REGISTRA  | R'S SIGNA               | TURE                |                    |                |  |

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and campletely filled in by the farreral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and should be filed with the State Dept. af Health prior to burial, crematian, or removal, and in any event, within 72 hours after deat 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV. 1/68

| 그렇게 하는 것이 얼마나 되었다면서 얼마나 있다면 하나 있다면서 한 경험을 하는 것이 없었다면 하는데 없었다면 없다.                                   |                       |
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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

00825

|   |   |                 |                                   |   | Crivilli IC          | AIL O         | DLAIII            |                    |                                |              |               |                                |            |  |
|---|---|-----------------|-----------------------------------|---|----------------------|---------------|-------------------|--------------------|--------------------------------|--------------|---------------|--------------------------------|------------|--|
| 1.  | DECEASED-NAME   | First           |                                   | Middle  |                      | Last          |                   | 2a. DATE OF        |                                |              |               |                                | . HOUR     |  |
|   | (Type ar print)   | LYDIA           |                                   | WING  | H                    | AMILI         | ON                | JAN                | UARY                           | 1604         | 196           | 8 4:                           | 40P        |  |
| 3.  | SEX   |                 | 4. RACE                           |   |                      | S. DATE OF    | BIRTH             |                    | 6. AGE (In )<br>last birthd    | /ears        | IF UNDER 1 YE | AR IF UNDI                     | ER 24 HRS. |  |
| 1   | FEMALE  | G               |                                   | NEGROID   |                      | NOVE          | MBER 30           | 0. 1891            | 76                             | YRS.         | MONTHS D/     | IIOUKS                         | min.       |  |
|   | a. BIRTHPLACE (State or country)  | foreign 7b.     | 7b. CITIZEN OF WHAT COUNTRY? 8. M |   |                      | NEVER N       | ARRIED _          | 9. COUNTY OF       |                                |              | flacin        |                                | 1          |  |
| Ľ   | MARYLANI  |                 |                                   | USA   | WIDOWED              |               | VORCED [          | DOI                | CHEST                          | ER           |               |                                | M          |  |
| 10  | . CITY OR TOWN OF DEA   | NTH .           | 11. N                             | AME OF HOSPITAL OR INS                              | STITUTION (If no     | at in haspita | l 12a. USL        | UAL OCCUPATION     |                                |              |               | 12b. KIND OF BUSINESS OR       |            |  |
|   | CAMBRIDO  |                 | give street address FAIRMOUT      |   |                      | E.            | auring r          | LAB                | RER                            | retired.)    | LAU           | LAUNDRESS                      |            |  |
|   | a. USUAL RESIDENCE (W   | here deceased I | ived, if institut                 | tian: Residence befare                              | 13c. CITY OR         |               | 13d. INSIDE CITY  | 100                | REET AND NU                    |              |               |                                |            |  |
| -   | Imission ARYLANI  | )               | 13b DORCH                         | ESTER   | BECK                 | WITH          | YES 🔼 N           | 10 🗌               | RFD ;                          |              |               |                                |            |  |
| 1   | I. FATHER'S NAME  | First           | Middle                            | Last  | 15                   | . MOTHER'S    | MAIDEN NAME       | First              | 1                              | Middle       |               | Last                           | 1          |  |
| L   | CHARI   |                 |                                   | WING  |                      |               | AL                | ICE                |                                |              | WAR           | FIEL                           | )          |  |
| 1   | 6a. WAS DECEASED EVER<br>Yes, por unknown)  | IN U.S. ARMED   |                                   | 16b. SOCIAL SECURITY I                              | 1                    | NFORMANT      |                   |                    |                                | ddress       |               |                                | 411        |  |
|   | NO.   |                 |                                   | 141-01-132  | ЦA VE                | RNON          | HAMILIO           | ON 835             | FAIR                           | MOUNT        |               | 2161                           |            |  |
|   | 18. CAUSE OF DEAT   | H (Enter anly a | ne cause per li                   | ne far (a), (b), and (c).                           | )                    |               |                   |                    |                                |              | BETWE         | roximate inte<br>En ginset and | DEATH      |  |
|   | PAKI I. DEATH   | WAS CAUSED BY   | :<br>AUSE (a)                     | CORONAF   | XY OCC               | LUSIC         | ON                |                    |                                |              |               |                                |            |  |
|   | 1/10  | 1 Innebiate     |                                   |   |                      |               |                   |                    |                                |              |               |                                |            |  |
|   | Canditions, if any, which gave rise to immediate cause (a), (b) ARTERIOSCLEROFIC C. V. D. |                 |                                   |   |                      |               |                   |                    |                                |              |               |                                |            |  |
|   |   |                 |                                   |   |                      |               |                   |                    |                                |              |               |                                |            |  |
| stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF |   |                 |                                   |   |                      |               |                   |                    |                                |              |               |                                |            |  |
|   | last. (c)   |                 |                                   |   |                      |               |                   |                    |                                |              |               |                                |            |  |
| 1   | PART 2. OTHER SIGN  | IFICANT CONDITI | ONS CONTRIBL                      | ITING TO DEATH BUT N                                | OT RELATED TO        | THE TERM!     | NAL DISEASE OR    | CONDITION GIVE     | N IN PART 1(c                  | 2)           |               |                                | 100        |  |
|   | 4201  |                 |                                   |   |                      |               |                   |                    | de in                          |              |               |                                |            |  |
|   | 19a. DATE OF OPERAT   | ION 19b. CON    | DITION FOR WE                     | HICH OPERATION WAS PE                               | FORMED 20a. AUTOPSY? |               |                   | 20b. IF            | 20b. IF YES, WERE FINDINGS COM |              |               | N CERTIFYIE                    | NG         |  |
| 7   | 19a. DATE OF OPERAT   |                 |                                   |   |                      | YES           | □ NO [            | CAUSES             | OF DEATH?                      |              |               |                                |            |  |
|   |   |                 | 21b. TIME O                       |   | 21c. HC              | W INJURY      |                   | ter nature af inju | ry in Part 1 a                 | r Part 2, It | tem 18.)      |                                |            |  |
|   | or contributing [   | CAUSE OF DEATH  | HOUR A.M.                         | Manth Day Year                                      |                      |               |                   |                    | ire in                         |              |               |                                |            |  |
|   | 21d. INJURY OCCUR   | 050 01 014      |                                   | AT HOME, FARM, STREET, FAC<br>OFFICE BUILDING, ETC. |                      | CATION SI     | treet or R.F.D. N | a. City            | ar Tawn                        |              | County        |                                | State      |  |
|   | While Nat while   | 1               |                                   | OFFICE BUILDING, ETC.                               | /                    |               |                   | 3374 3             |                                |              |               |                                |            |  |
| 4   | Jul Wulk al Walk  | 1,000,000       | نعم الطنوب                        | anded the decode                                    | ad from              | PRII.         | 28 10             | 67 to 1            | MILARY                         | 7610         | 68 +          | at (1) 6                       | \ la       |  |
| П   | saw the de  | reased alive    | do do                             | ended the decease                                   | 9 68 000             | that in (     | (my) (am) ar      | ninian death       | accurred a                     | n the dat    | o and ha      | ur and fr                      | ram t      |  |
|   | couses sto  | techahave (I    | (we) (did)                        | (did not) view the                                  | bady after o         | leath.        | (my) (oor) up     | pilitan dealii     | accorred di                    | ii iile uui  | e unu nu      | or and n                       | uilli      |  |
| -   | 22b. SIGNATURE  |                 |                                   | Contract to   | budy arror c         |               |                   |                    |                                | 22c D        | ATE SIGNED    |                                |            |  |
|   | 1220. STORMSONE   | 4.0             | -51                               |   | DEGR                 | ATTEN         | IDING 🔣           | MED.               | STAFF                          | _            |               |                                | 40         |  |
| 1   |   | 1               | 1 m                               | 4   | DEGK                 | 1 111131      |                   | DIRECTOR L         | PHYS. L                        | JUAN         | UARY          | LE, 1                          | NO         |  |
|   | 22d. PHYSICIAN'S<br>NAME (Type)   | 1 700           | TTV 7040                          | OTHER NEED  |                      |               | DDRESS            | II GMD BE          | 0.00                           | חשרכום       | 77 3.00       |                                |            |  |
|   | · · · · · · · · · · · · · · · · · · ·   | J. EDV          | VIN PAS                           | SETT, M.D.  |                      |               | 523 H1G           | H STREET           | CAM                            | RK TOG       | E, MU         | •                              |            |  |
| 2   | a. BURIAL, CREMATION,   | 23b. DATE       | 1374                              | 23c. NAME OF  | CEMETERY OR          | CREMATORY     | 1                 | 23d. LOCATIO       | ON (City or To                 | iwn)         | (Caunty)      | (Sta                           | te)        |  |
| i   | REBUY (FORTY)   | 1/              | 21/68                             |   | BECKWI               | TWY           |                   | BECI               | HTIW                           |              | DOF           | M .                            | D.         |  |
| 3   | 4. FUNERAL DIRECTOR   |                 | 111                               | ADDRESS   | THE PERSON           | IH-           | 2Sa. REC'D        | BY REGISTRAR       |                                | GISTRAR'S    |               |                                |            |  |
| 2   | 4.1.  | 1111            | w.                                | / CAMP  | TDOTE                | M             |                   |                    | 1000                           | with the     | 4 11          |                                |            |  |

VR 30M

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

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|              | ASSESSED TO THE RESIDENCE OF THE PERSON OF T | T with   |                           | and the second of |
| ter suit for | 100  | 17. 17   | an, 1 fee 1               | T moreon          |
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or ottending physicion.

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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|  |  |  | CERTIFICATE OF DEA   |   |  |   |                              |
|--|--|--|--|---|--|---|------------------------------|
| DECEASED-NAME  | First  | Middle   | Last   | 2a. DATE O  | F DEATH  | . / V   | 2ь. но                       |
| (Type ar print)  |  |  | Haynes   |   | / Manth / 5 Day  | A 58 1901   | 7%                           |
| . SEX  | 4. RAC   | Œ  | S. DATE OF BIRTH   |   | 6. AGE (In years   | IF UNDER 1 YEAR   | IF UNDER 24                  |
| Y3 4   |  | Colored  | 1-13-68  | 2   | last birthday)   | MONTHS DAYS   | Hours<br>18                  |
| a. BIRTHPLACE (State or  | fareign 7b. CITIZ  | EN OF WHAT COUNTRY?  | 8. MARRIED NEVER MARRIED   |   |  |   | 1 - 1                        |
| Dorchester   |  | S.A.   | WIDOWED DIVORCED   | <b>=</b> 1  | chester  |   |                              |
| O. CITY OR TOWN OF DE  |  | 11. NAME OF HOSPITAL OR IN   | ISTITUTION (If nat in haspital 12  | a. USUAL OCCUPATION   | (Kind of work dane   | 12b. KIND OF  | BUSINESS (                   |
| Cambridge  |  | give street address)   | aryland Hospita  | ring mast af warking  |  | INDUSTRY  | 777                          |
|  | Where deceased lived.  | if institution: Residence before   | 13c. CITY OR TOWN 13d. INS   | None IDE CITY LIMITS? 13e. S  | TREET AND NUMBER   | Non   | <u>e</u>                     |
| dmission) STATE<br>Mary land   | 13b. C   | Dorchester   | Cambridge YES  |   |  |   |                              |
| 4. FATHER'S NAME   | First  | Middle Last  | IS. MOTHER'S MAIDEN  | NAME First  | Middle   |   | Last                         |
| Erne   | st Edward  | Haynes Jr.   | Paulette   | NAINE   | Fave   | Todd  |                              |
| 6g. WAS DECEASED EVE   | IN U.S. ARMED FORCE  | ES? 16b. SOCIAL SECURITY   |  |   | - Address  | 1000  |                              |
| Yes, na, ar unknawn)   | (If yes give war or dates of   | f service) none  | Paulette Ha  | vnes P+ 3   | Box 54 C   | ambrida   | o Mo                         |
|  |  | use per line far (a), (b), and (c)   |  |   | ,  | APPROX  | MATE INTERVA                 |
|  | MILE CALLERY DAG   | /  | 1  | -   |  | 1 /-  | Lang DE                      |
| カククV   |  | (a)  | - Marian   | m   |  | 11.2  |                              |
| Canditians, if any,  |  | TO, OR AS A CONSEQUENCE OF   |  |   |  |   |                              |
| rise ta immediate  | cause (a),   | (b)  |  |   |  |   |                              |
| stating the under  | Ying cause DUE   | TO, OR AS A CONSEQUENCE OF   |  |   |  |   |                              |
|  |  | 11   |  |   |  |   |                              |
| last.  | NIEICANT CONDITIONS  | (c)  | IOT DELATED TO THE TEDANNAL DICE   | ASS OD CONDITION CIVI   | EN IN DADT 1/a)  |   |                              |
| -  | NIFICANT CONDITIONS  | CONTRIBUTING TO DEATH BUT N  | NOT RELATED TO THE TERMINAL DISE   | ASE OR CONDITION GIVI   | EN IN PART I(a)  |   |                              |
| PART 2. OTHER SIG  | STATE OF   |  |  |   |  | CONSIDERED IN C   | FRTIFYING                    |
| PART 2. OTHER SIG  | STATE OF   | (c)  | ERFORMED 20a. AUTOPSY?   | 20b. I  | EN IN PART 1(a)  F YES, WERE FINDINGS (S) S OF DEATH?  | CONSIDERED IN C   | ERTIFYING                    |
| PART 2. OTHER SIG  | TION 196. CONDITION  | N FOR WHICH OPERATION WAS PI   | ERFORMED 20a. AUTOPSY? YES   | NO X  | F YES, WERE FINDINGS (<br>S OF DEATH?  |   | ERTIFYING                    |
| PART 2. OTHER SIGNAL SI | TION 19b. CONDITION  S UNDERLYING 21b  | N FOR WHICH OPERATION WAS PI<br>b. Time of injury<br>Dur A.M. Manth Day Year   | ERFORMED 20a. AUTOPSY? YES  21c. HOW INJURY OCCURREE   | NO X  | F YES, WERE FINDINGS (<br>S OF DEATH?  |   | ERTIFYING                    |
| PART 2. OTHER SIG  | TION 19b. CONDITION  5 UNDERLYING 21t  ] CAUSE OF DEATH HC edical examiner)  | N FOR WHICH OPERATION WAS PI<br>b. TIME OF INJURY<br>DUR A.M. Manth Day Year<br>P.M. 1   | ERFORMED 20a. AUTOPSY? YES  21c. HOW INJURY OCCURRED   | NO CAUSE  CAUSE  CEnter nature of inju  | F YES, WERE FINDINGS (<br>S OF DEATH?<br>Jry in Part 1 or Part 2,  | Item 18.)   |                              |
| PART 2. OTHER SIGNATURE OF OPERAL PROPERTY OF ACCIDENT WAS CONTRIBUTING IN THE CONTRIB | S UNDERLYING 216  CAUSE OF DEATH HC edical examiner)  RED 21e. PLACE OF  | N FOR WHICH OPERATION WAS PI<br>b. TIME OF INJURY<br>DUR A.M. Manth Day Year<br>P.M. 1   | ERFORMED 20a. AUTOPSY? YES  21c. HOW INJURY OCCURRED   | NO CAUSE  CAUSE  CEnter nature of inju  | F YES, WERE FINDINGS (<br>S OF DEATH?  |   | ERTIFYING                    |
| PART 2. OTHER SIG  | S UNDERLYING 21th CONDITION 21th CON | D. TIME OF INJURY  DUR A.M. Manth Day Year P.M. (AT HOME, FARM, STREET, FA   | ERFORMED 20a. AUTOPSY? YES  21c. HOW INJURY OCCURRED  ACTORY.) 21f. LOCATION Street at R   | NO CAUSE  CAUSE  CEnter nature af inju  F.D. Na. City   | F YES, WERE FINDINGS OF SOF DEATH?  Jry in Part 1 or Part 2,  y or Tawn                                      | Item 18.)   | Sto                          |
| PART 2. OTHER SIG  | S UNDERLYING 21th CONDITION 21th CON | D. TIME OF INJURY  DUR A.M. Manth Day Year P.M. (AT HOME, FARM, STREET, FA   | ERFORMED 20a. AUTOPSY? YES  21c. HOW INJURY OCCURRED  ACTORY.) 21f. LOCATION Street at R   | NO CAUSE  CAUSE  CEnter nature af inju  F.D. Na. City   | F YES, WERE FINDINGS OF SOF DEATH?  Jry in Part 1 or Part 2,  y or Tawn                                      | Item 18.)   | St                           |
| PART 2. OTHER SIGNAL SI | S UNDERLYING  CAUSE OF DEATH HC edical examiner)  RED  Color 21e. PLACE OF Color Col | b. TIME OF INJURY DUR A.M. Manth Day Year P.M. TIME OF INJURY OFFICE BUILDING, ETC.  itol) ottended the deceas   | 20a. AUTOPSY? YES   21c. HOW INJURY OCCURRED  21f. LOCATION Street or R  3ed from  3ed | NO CAUSE  CAUSE  CEnter nature af inju  F.D. Na. City   | F YES, WERE FINDINGS OF SOF DEATH?  Jry in Part 1 or Part 2,  y or Tawn                                      | Item 18.)   | Sti                          |
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| PART 2. OTHER SIG  | S UNDERLYING  CAUSE OF DEATH HC edical examiner)  RED  Color 21e. PLACE OF Color Col | b. TIME OF INJURY DUR A.M. Manth Day Year P.M. TIME OF INJURY OFFICE BUILDING, ETC.  | 20a. AUTOPSY? YES   21c. HOW INJURY OCCURRED  21f. LOCATION Street or R  32f. and that in (my) (expression) to body after death.   | NO CAUSE  CAUSE  CEnter nature af inju  F.D. Na. City   | F YES, WERE FINDINGS OF S OF DEATH?  ury in Part 1 or Part 2,  y or Town  19 accurred an the do              | Caunty  Caunty  that ate and haur   | Sto<br>t (I) (we<br>ond from |
| PART 2. OTHER SIGN 19a. DATE OF OPERA 21a. ACCIDENT WA OR CONTRIBUTING [ (If either, natify m at wark at war 22a. I certify to saw the c causes sto 22b. SIGNATURE 22d. PHYSICIAN'S  | S UNDERLYING  CAUSE OF DEATH edical examiner)  RED  Chot (I) (this hospi eceased alive on- sted above, (I) (w  | b. TIME OF INJURY DUR A.M. Manth Day Year P.M. 1 FINJURY (AT HOME, FARM, STREET, FJ office Building, FIC. itol) ottended the decease re) (did) (did net) view the        | 20a. AUTOPSY? YES  21c. HOW INJURY OCCURRED  21c. HOW INJURY OCCURRED  32d. AUTOPSY? YES  32d. AUTOPSY? YES  32e. AUTOPSY? YES  47ENDING  PHYS. 22e. ADDRESS   | NO (Enter nature of injuly)  F.D. No. City  19 4 to  wr) opinion death  MED DIRECTOR  | F YES, WERE FINDINGS OF SOF DEATH?  July in Part 1 or Part 2,  y or Town  Control  STAFF PHYS.   22c.        | Caunty  Caunty  Description  Caunty  Description  Caunty  Description  Date signed  Date - 15 | St<br>t (I) (we<br>ond fro   |
| PART 2. OTHER SIGN 19a. DATE OF OPERA 21a. ACCIDENT WA OR CONTRIBUTING [ (If either, natify m at wark at war 22a. I certify to saw the c causes sto 22b. SIGNATURE 22d. PHYSICIAN'S  | S UNDERLYING  CAUSE OF DEATH edical examiner)  RED  Chot (I) (this hospi eceased alive on- sted above, (I) (w  | b. TIME OF INJURY DUR A.M. Manth Day Year P.M. TIME OF INJURY OFFICE BUILDING, ETC.  | 20a. AUTOPSY? YES  21c. HOW INJURY OCCURRED  21c. HOW INJURY OCCURRED  32d. AUTOPSY? YES  32d. AUTOPSY? YES  32e. AUTOPSY? YES  47ENDING  PHYS. 22e. ADDRESS   | NO (Enter nature of injuly)  F.D. No. City  19 4 to  wr) opinion death  MED DIRECTOR  | F YES, WERE FINDINGS (S OF DEATH?  Joy in Part 1 or Part 2,  y or Tawn  accurred an the do                   | Caunty  Caunty  Description  Caunty  Description  Caunty  Description  Date signed  Date - 15 | Sto<br>t (I) (we<br>ond from |
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages Fatal shauld be filed with the State Dept. of Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs after depts.

VR A15 (4) 30M REV. 1368

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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|---|---|----|----|---|--|
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|   |   |  | 421111110                          | TIL VI           | PERMIT                     |                 |   |                |                            |               |
|---|---|--|------------------------------------|------------------|----------------------------|-----------------|---|----------------|----------------------------|---------------|
| 1. DECEASED-NAME                                  | First   | Middle   |                                    | Lost             |                            | 2a. DATE OF I   |   |                |                            | 2b. HOUR      |
| (Type or print)                                   | Or lan  |  |                                    | Hen              | nry, Jr                    | Januar          | Month I                                 | 15 Y           | eor 68                     | 10:30         |
| . SEX   | 4. RACE   |  |                                    | S. DATE OF BIR   |                            |                 | 6. AGE (In years                        | IF UNDER 1     |                            | JNDER 24 HRS. |
| male  | Co  | 1.ored   |                                    | 1-15-            | -68                        |                 | lost birthdoy)                          | MONTHS .       | DAYS HO                    | TIN TIN       |
| a. BIRTHPLACE (Stote ar far                       | ign 7b. CITIZEN OF V                                    | WHAT COUNTRY?                                      | 8. MARRIED [                       | NEVER MARR       | IED 9.                     | COUNTY OF       | DEATH                                   |                |                            |               |
| country) Marylan                                  | d U.S.A.  |  | WIDOWED                            |                  |                            | Dorc            | hester                                  |                |                            | Md            |
| O. CITY OR TOWN OF DEATH                          |   | NAME OF HOSPITAL OR IN                             |                                    |                  |                            |                 | Kind of work dan                        |                | ND OF BUS                  | INESS OR      |
| Cambridage  | and and a   | ambriage M   | aryland                            | Hospi            | tal inc                    | of working li   | none none                               | .) INDUS       | ione                       |               |
| 3a. USUAL RESIDENCE (When                         | deceosed lived, if instit                               | utian: Residence before                            | 13c. CITY OR                       |                  | 3d. INSIDE CITY LIMITS     |                 | EET AND NUMBER                          |                |                            |               |
| admission) STATE Mary                             | Land Dor  | chester  | Cambri                             | dge              | YES NO                     | 30              | 0 Byrn S                                | treet          |                            |               |
| 4. FATHER'S NAME Firs                             |   | Lost   | 15.                                | MOTHER'S MAI     | DEN NAME First             |                 | Middle                                  |                |                            | ast           |
| Or  | lan   | Henr   | y                                  |                  | Ann                        |                 | Pe                                      | tersor         | 1                          |               |
| 16a. WAS DECEASED EVER IN<br>Yes, no, ar unknawn) | U.S. ARMED FORCES?  f yes give war or dates of service) | 16b. SOCIAL SECURITY                               |                                    | IFORMANT         |                            |                 | Address                                 |                |                            |               |
| no no nikitawii)                                  | yes give wai of dales of service;                       | none   | A                                  | nn Heni          | ry-Rt #                    | 1 Box           | 100 Hur                                 |                |                            |               |
| 18. CAUSE OF DEATH                                | Enter only ane cause per                                | line far (a), (b), and (c                          | ).)                                | No. of           |                            | 5-00"           |   |                | APPROXIMATE<br>TWEEN ONSET |               |
| PART I. DEATH WA                                  | S CAUSED BY:<br>IMMEDIATE CAUSE (o)                     | Kes piento   | me des                             | cars 3           | 40 dan                     | ~               |   |                | 100                        |               |
| 7760  |   | R AS A CONSEQUENCE OF                              |                                    |                  |                            | +.1             |   |                |                            |               |
| Canditions, if ony, which                         |   | Braington  | 2 4.80                             | nestei.          | Fluid                      | andist          | Men eggan                               | un.            |                            |               |
| rise to immediate cau                             | se (o), (b)   |  | - 01                               |                  |                            | •               |   |                |                            |               |
| stating the underlying                            | cause DUE 10, OK  | AS A CONSEQUENCE OF                                |                                    | ! ~              | 1                          |                 |   | 200            |                            |               |
| last.   | , (c)   | Prolap   | 30                                 | · CAL            | 7                          |                 |   |                |                            |               |
| PART 2. OTHER SIGNIFIC                            | ANT CONDITIONS CONTRIB                                  | BUTING TO DEATH BUT I                              | NOT RELATED TO                     | THE TERMINAL     | DISEASE OR CON             | IDITION GIVEN   | IN PART 1(o)                            |                |                            |               |
| S 10 10   | Tag COMPITION COD II                                    | WHICH ODER THOU WAS D                              | EDCODIED.                          | Loo Allzon       | 51/0                       | Tool 15         | VEC. MEDE SIMPLING                      | CONCIDENT      | IAL CERTI                  | WING          |
| 19a. DATE OF OPERATION                            | 196. CONDITION FOR V                                    | VHICH OPERATION WAS P                              | EKHUKMEU                           | 20a. AUTOP       |                            |                 | YES, WERE FINDING:<br>OF DEATH?         | 2 CONSIDERE    | IN CERTII                  | TING          |
| 210. ACCIDENT WAS U                               | DEDLYING TOU TIME                                       | OF MULIPY  | las uo                             | YES X            | NO 🗍                       |                 |   | 0 1: 101       |                            |               |
|   | SE OF DEATH HOUR A.M                                    |  | 7 21c. HU                          | W INJURY OCCU    | JKKED (Enter no            | ature of injury | in Port 1 or Port                       | 2, Item 18.)   |                            |               |
| (If either, notify medica                         | exominer) P.N   | 1.   | 19                                 |                  |                            |                 |   |                |                            |               |
|   | 21e. PLACE OF INJURY                                    | AT HOME, FARM, STREET, FO<br>OFFICE BUILDING, ETC. | ACTORY.) 21f. LO                   | CATION Street    | ar R.F.D. Na.              | City o          | or Town                                 | County         |                            | State         |
| While Nat while at work                           |   |  |                                    |                  |                            |                 |   |                |                            |               |
| 22a. I certify that                               | (I) (this haspital) at                                  | ttended the deceas                                 | sed fram                           | L- L5            |                            | 8, ta           | 1-15                                    | 19 <u>68</u> , | that (I)                   | (we) last     |
| saw the dece                                      | above, (V) (we) did                                     | 7-15 Sthe  | 19_68, and                         | that in (my      | ) <del>(ou</del> r) apinio | an death a      | ccurred an the                          | date and       | naur and                   | tram the      |
| 22b. SIGNATURE                                    | duove, (V (MEL) dic                                     | ) (his fidt) vew me                                | budy uner u                        | eam.             | -                          |                 | 1 20                                    | 2c. DATE SIGN  | IED.                       |               |
| 220. SIGNATURE                                    | I W.VM  | Just   | DEGRE                              | ATTENDING        | MED.                       | crop [          | STAFF                                   | LL. DAIL SIGN  | ILD                        |               |
| 22d. PHYSICIAN'S                                  | \ IW\   |  |                                    |                  |                            |                 |   |                |                            |               |
|   | ( )   | 9  | DEGKI                              | 11110.           | DINE                       | CTOR L          | PHYS.                                   |                |                            |               |
| tavair (1) be)                                    | r. J. Edwin   | Fassett  | DEORI                              | 22e. ADDR        | ESS                        | Th. 10          | mbridge,                                | Md             |                            |               |
|   | r. J. Edwid   |  |                                    | 22e. ADDR<br>62  | 8 High                     | St. Ca          | mbridge,                                |                | Λ (                        | Statal        |
| 23g. BURIAL CREMATION.                            | 23b. DATE   | 23c. NAME OF                                       | F CEMETERY OR                      | 22e. ADDR<br>62: | S High                     | St. Ca          | mbridge,                                | (Caunt         | ,                          | State)        |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)         | 23b. DATE<br>1-20-68                                    | 23c. NAME OF                                       | F CEMETERY OR OS On town           | 22e. ADDR<br>62: | 3 High                     | St. Ca          | mbridge,<br>(City or Tawn)<br>New Marke | (Caunt         | ch.                        | State)        |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)         | 23b. DATE<br>1-20-68                                    | 23c. NAME OF                                       | cemetery or opening of the contown | 22e. ADDR<br>62: | 3 High                     | St. Ca          | mbridge,                                | (Caunt         | ch.                        | Md.           |

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00823 CERTIFICATE OF DEATH DECEASED-NAME First Middl 2o. DATE OF DEATH (Type or print) indes 6. AGE (In years 3. SEX S. DATE OF BIRTH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after and in any event, within 72 hours after last birth attending physician and campletely filled in by the permit. Then please remave carban papers. Pages 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 🗍 NEVER MARRIED WIDOWED [ DIVORCED haland CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL during nest of working life, even if retired.) give street address) 2 ambridge Housework 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER CITY OR TOWN 3d. INSIDE CITY LIMITS? 13b. COUNTY YES 🔀 NO 14. FATHER'S NAM Middle IS. MOTHER'S MAIDEN NAME First Middle Lost ndes 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address (If yes give war ar dates of service) Yes, na, ar unknown) ar remaval, 18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c).) PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (o) crematian. signed by the burial-transit p Canditions, if any, which gove: rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending p this certificate has been as the 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO | for use af Health by the hospital ar 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Yeor P.M. (If either, natify medical examiner) detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. City or Town While Not while of work TO FUNERAL DIRECTOR: After 22a. I certify that (1) (this hospital) attended the deceased from 4saw the deceased alive an\_ 1-14-68 19 shauld causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE ATTENDING DEGREE PHYS. DIRECTOR PHYS.

XX Lost BETWEEN ONSET AND DEATH 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) County State and that in (my) (application) apinian death accurred an the date and haur and fram the 22c. DATE SIGNED 22d. PHYSICIAN'S 22e. ADDRESS director, po NAME (Type) NAME OF CEMETERY OR CREMAJORY 23d. 23o. BURIAL, CREMATION (County) (Stote) (City or Town) 2Sb. 24. FUNERAL DIRECTOR

00828

MONTHS

2b. HOUR

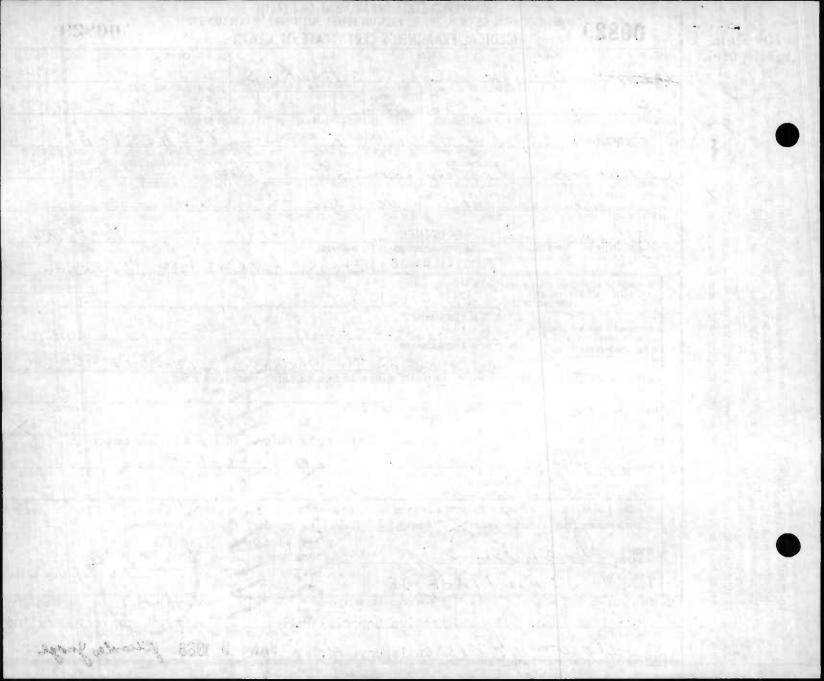
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12b. KIND OF BUSINESS OR

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00829 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. DECEASED-NAME First 20. DATE KNOWN Month 2b. HOUR Yeor (Type or Print) OF 210 PM 1968 DEATH MATED 2c. DATE PRONOUNCED DEAD 4. RACE 6. AGE (In years 2d. HOUR DATE OF BIRTH ond 85 YRS 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form WIDOWED TO DIVORCED beches Give Pages Stote 10. CITY OR TOWN OF WEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR hours ofter death during most of working life, even if retired.) Head Cook or chef Food with 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMI 13b. COUNTY Item 18. R.D.#2 lond2 ofter 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Lost KONHINO M LAITINEN . = pages 16b. SOCIAL SECURITY NO. This certificate shauld be executed within pencil (Yes, no, or unknown) 063-14-3418 FrANK P. HOPKINS (SON) MArdelA. File 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY pending EUMONIA IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF HEART FAILURE Conditions, if ony, which gove CON GESTIVE rise to immediate couse (o), writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse MARTERIOSCLEROTIC CARDIOVASCULAR DISEASE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) be used 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? 190. DATE OF OPERATION WAS PERFORMED? please execute the certificate. 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) may be retained for your files. FUNERAL DIRECTOR: Page 3 should PRIMARY OR CONTRIBUTING burial, cremotion, CAL EXAMINER: CAUSE OF DEATH NEITHER 21d INILIRY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote WHILE AT WORK AT WORK TAWES BOG. ESSH DOR CAMBRIDGE Md. 22a. I certify that I taak charge af the remains described abave, held an Autopsy . Inspection Inquiry and in my opinian death resulted fram: Natural causes Accident . Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER 5 may TO FUNE Health EXAMINER'S ADDRESS(Street, city, town, or county) NAME (Type) 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Wicomico Memorial Park
ADDRESS | 250. REC'D Salisbury, Wicomico, Maryland Burial 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Villander DATE JAN 1968 Salisbury, Md.



# MARYLAND STATE DEPARTMENT OF HEALTH

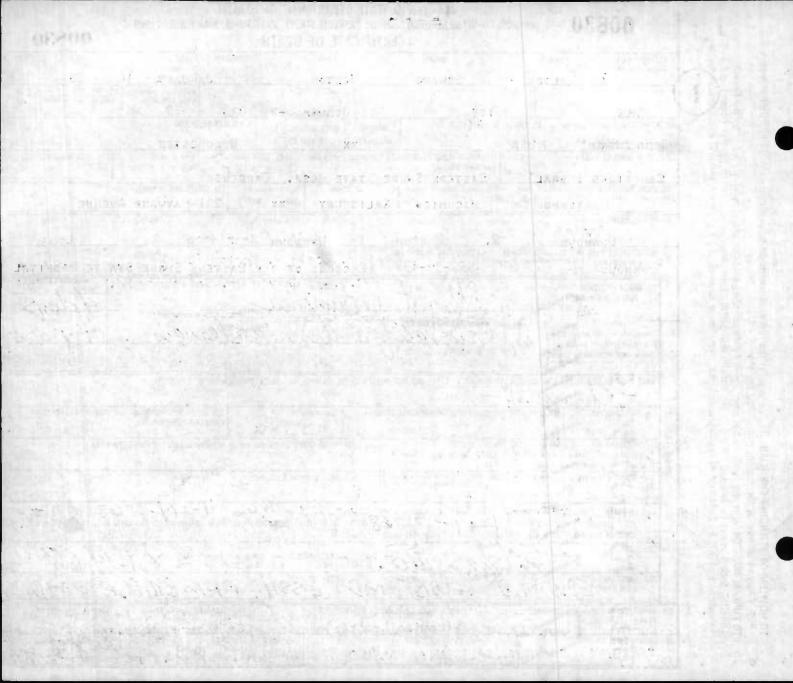
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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|---------------|--|---|-------------------------|---|-------------------|----------------------------|-----------------------------|-------------|---------------------|--------|-----------|----------|------------|-------|
|               | CEASED-NAME  | First   |                         | Middle                                    |                   | Last                       | 2a. Di                      | ATE OF DE   | ATH<br>Manth        | Day    |           | rear .   | 2b. I      | HOUR  |
| - (1          | Ype ar print)  | WALT  | FP                      | EDWARD                                    | Но                | RTON                       |                             | JAN         | UARY                | Doy    |           | 68       |            | M     |
| ). SE         | Х  | NAL I   | 4. RACE                 | CDWAILD                                   |                   | DATE OF BIRTH              |                             | 6.          | AGE (In year        |        | IF UNDER  |          | IF UNDER   |       |
|               | Maste  |   | WHIT                    |   |                   | landina 10                 | 1878                        |             | last birthdoy<br>89 | YRS.   | MONTHS    | DAYS     | HOURS      | MIN.  |
| 7n I          | MAYLE<br>BIRTHPLACE (State of  | foreign   | 7b. CITIZEN OF W        |   |                   | lanuary 19                 |                             | ITY OF DE   |                     | IKJ.   |           |          |            |       |
| cani          | ntry)  |   |                         | IIIAI COONIKI:                            |                   | NEVER MARRIED              |                             |             |                     |        |           |          |            |       |
| reflection.   | onnecticu  |   | USA                     |   | WIDOWED           |                            |                             | RCHE        |                     |        | I and a   |          |            | Md.   |
| 10. 0         | ITY OR TOWN OF DE  | ATH   |                         | NAME OF HOSPITAL OR IN<br>street address) | STITUTION (It nat |                            | USUAL OCCUP<br>a mast af wo |             |                     |        | INDU      |          | BUSINESS   | OR    |
| (             | AMBRIDGE   | (RURA   |                         | EASTERN SH                                | ORE STAT          | E HOSP                     | GARDEN                      |             | ,,                  | ,      |           |          |            |       |
| 13a.          | USUAL RESIDENCE (\   | Vhere decease   | ed lived, if institu    | itian: Residence befare                   | 13c. CITY OR TO   |                            |                             |             | T AND NUME          |        |           |          |            |       |
| uum           | ssion) STATE MA  | RYLAND  | 13b. COUNTY             | WICOMICO                                  | SALISE            | BURY YESKX                 | NO 🗌                        | 201         | HAYWA               | RD /   | AVEN      | UE       |            |       |
| _             | ATHER'S NAME   | First   | Middle                  | last                                      | 15. /             | MOTHER'S MAIDEN NAM        | ME First                    |             | Mic                 | ddle   |           |          | Last       |       |
|               |  | niel  | В.                      | Horto                                     | n                 | UNKHOWN                    | Henr                        | iatta       | 9                   |        |           | - 1      | enk        |       |
| 160           | WAS DECEASED EVE   | N/O/W/N<br>RÍNIÚS ARM   |                         | 16b. SOCIAL SECURITY                      | NO. 17. JNF       | ORMA I                     | Hem                         | 10000       | Add                 | ress   |           |          | CHIK       |       |
|               | es, no, or unknown)  | (If yes give w  | ar or dates of service) | 557-36-17                                 | 48 Mr             | Craig W.                   | Horto                       | on (S       | on)                 | E S    | TA T      | E H      | OSPI       | TAI   |
| -             |  | No  |                         |   |                   | 0.#7 Calv                  | in Dr                       | Te2         | ishur               | v M    | 4         | APPROXII | MATE INTER | VAL   |
|               | 18. CAUSE OF DEA   | 18. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c))  |                         |   |                   |                            |                             |             |                     |        |           |          |            |       |
|               | I A A A  | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Walth Malundina  4 days |                         |   |                   |                            |                             |             |                     |        |           |          |            |       |
|               | THE TO, OR AS A CONSEQUENCE OF   |   |                         |   |                   |                            |                             |             |                     |        |           |          |            |       |
|               | Canditions, if any, which gave rise to immediate cause (a).  (b) DELLESTAL AND ALCONSEQUENCE OF TRANSPORTED TO THE PROPERTY OF |   |                         |   |                   |                            |                             |             |                     |        |           |          |            |       |
|               | stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF  |   |                         |   |                   |                            |                             |             |                     |        |           |          |            |       |
|               | last. 4500 (c)   |   |                         |   |                   |                            |                             |             |                     |        |           |          |            |       |
|               | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)   |   |                         |   |                   |                            |                             |             |                     |        |           |          |            |       |
| ~             | -4/serva-  |   |                         |   |                   |                            |                             |             |                     |        |           |          |            |       |
| CERTIFICATION | 19a. DATE OF OPERA   | TION 19b.   | CONDITION FOR W         | HICH OPERATION WAS P                      | ERFORMED          |                            |                             |             |                     |        | ERTIFYIN( | ;        |            |       |
| FIC           | 3371   |   |                         |   |                   | YES NOXIX CAUSES OF DEATH? |                             |             |                     |        |           |          |            |       |
| CERT          | 21a. ACCIDENT WA   | S LINDERLYIN  | IG 21b. TIME C          | OF INITIRY                                | 21c HOW           | INJURY OCCURRED (          | _                           | at injury i | n Part 1 or 1       | Part 2 | Item 18   | )        | -          |       |
|               | OR CONTRIBUTING  | CAUSE OF DEAT   | HOUR A.M.               | . Manth Day Year                          |                   | ,                          |                             | or injury . |                     |        |           |          |            |       |
| MEDICAL       | (If either, natify m   |   |                         |   | 9                 | ATION Street or R.F.D      | M.                          | Cia         | T                   |        | - Cause   |          |            | tate  |
| -             | 21d. INJURY OCCU<br>While Nat whi  |   | PLACE OF INJURY         | OFFICE BUILDING, ETC.                     | 217. LOCA         | ATION Street of K.r.D      | , Na.                       | City ar     | Idwn                |        | Count     | Υ        | ,          | lute  |
|               | at work at war   | ,   |                         |   |                   |                            |                             |             | - 7 /               |        | 7         |          | 4.0 4      |       |
|               | 22a. I certify   | hat (1) (th   | is hospital) at         | tended the deceas                         | ed from 2         | -23-                       | 9-66                        | ta          | 14                  | _, 19  | 68        | , that   | (1) (48    | last  |
|               | saw the c  | leceased al   | ive an                  | ) (did hat) view the                      | bady after de     | ath                        | opinion di                  | eath acc    | urrea an 1          | the do | are and   | haur     | and tro    | m the |
|               | 22b. SIGNATURE   | ilea abave  | , (1) (we) (uid         | ) (ala liai) view life                    | budy uner de      | um.                        |                             |             |                     |        | DATE SIG  |          |            |       |
|               | 220. SIGNATURE   | (   | 5/10                    | . 111                                     | DEGREE            | ATTENDING                  | MED.                        |             | TAFF X              | 17     | 14        | 1        | 8          |       |
|               | OO ! DUNCTELANCE   |   | Terry                   | us un                                     | DEGREE            | 11113.                     | DIRECTOR                    | <u> </u>    | PHYS.               | 1.1-   | 11        | 10       | 0          |       |
|               | 22d. PHYSICIAN'S<br>NAME (Type)  | FD111   | An n                    | (ANIS                                     | MD                | 22e. ADDRESS               | 1, 0                        | An          | 7811                | IN.    | SE        | - 1      | 215        | ),    |
| 1             |  | _ 000/  | TICV                    | 2000                                      | 1111              | 1000                       | 1                           | 17//        | 1 WILL              | V      |           |          | 1          |       |
| 23a           | BURIAL, CREMATION  | l, 23b. l   | DATE                    |   | CEMETERY OR CI    |                            |                             |             | (City or Taw        | n)     | (Caun     | ity)     | (State     | )     |
|               | REMOVAL (Specify) Burial   | Jan   | . 17,196                |   |                   | ial Park                   | Sa                          | lisbu       | ry, M               | ary    | land      |          | 4          |       |
| 24.           | FUNERAL DIRECTOR   |   |                         | ADDRES!                                   |                   |                            | C'D BY REGIST               |             | 25b. REG            | SHRAP  | SIGNATI   | URELIA   | of the     | P     |
|               | HOLLOWAY   | G 401   | TPANY, S                | ALISBURY.                                 | MARY IAND         | DATE                       | 14N 1                       | שו וש       | 68 /                |        | 1 1 1 1 1 | 4        |            |       |

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the deoth certificate be executed within 24 hours ofter deoth. Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after a page.

VR A15 (4) 30M REV. 1/68



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301

| LKES | ICIA 21 | KEET, DA | LIIMOKE, MAKILAND ZIZVI |      |
|------|---------|----------|-------------------------|------|
| ICAT | E OF    | DEATH    |                         | 0083 |

| /1  | 1- 1  |               | CERTIFICATE OF DEATH   |
|---|-------|---------------|--|
| 20  | VII   |               | EASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR  |
| en de   | 1     | (1)           | pe or print) Rachel Elizabeth. Hundley Month Doy Yeor 8 8 AM   |
| 手声  |       | 3. SE         | 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 14 HRS.   |
| I in by the funeral<br>lers. Pages F and 2<br>72 haurs after death  |       |               | Temale White 00-00-84 lost birthdoy) YRS. MONTHS OAYS HOURS MIN.   |
| by Jacon  |       |               | RTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH  |
| d in<br>pers  |       | coun          | rginia. UST. WIDOWED DIVORCED DOFCHESTER Md.   |
| physician and campletely filled in by the funeral<br>ten please remove carban papers. Pages Fund<br>oval. and in any event. within 72 haurs after death               | 13    |               | Y OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) |
| carb  |       |               | SUAL RESIDENCE (Where deceased lived, if institution: Residence before 1/3c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER  |
| ove v   | 22    | 1             | nanyland. 136. COUNTY Nicomico & Salisbury YES NO 609 Oak Hill Ave   |
| signed by the attending physician and co<br>burial-transit permit. Then please remo<br>burial cremation or removal, and in any  | 2     | 14. F         | THER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost   |
| an ase  |       | 160           | WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO. 17, INFORMANT Address   |
| ysici<br>ple  |       |               | s, no or unknown) (If yes give war or dates of service)  Easter is Shove State Hospital Records  |
| g ph  |       |               | IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  APPROXIMATE INTERVAL BETWEEN ONSEY AND DEATH  |
| by the attending p<br>transit permit. The<br>crematian ar remo  |       |               | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cardiae failure mi hour   |
| attendi<br>permit.  | /     |               | 485 X DUE TO, OR AS A CONSEQUENCE OF   |
| it p  |       |               | Conditions, if only, which gove)   |
| signed by the<br>burial-transit   |       | 1             | rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF   |
| ed-tr   |       |               | ost. (c) servely gens  |
| signed<br>burial-tr   |       |               | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)   |
| to the  |       | N             | 49/×   |
| <b>D FUNERAL DIRECTOR:</b> After this certificate has been director, page 3 should be detached for use as the should he filed with the State Deat, of Health prior to | 2     | CERTIFICATION | 96. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?  YES NO SO CAUSES OF DEATH?   |
| ate<br>ir us  |       |               | 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)   |
| d for   |       | MEDICAL       | GR CONTRIBUTING CAUSE OF DEATH If either, notify medical examiner)    HOUR A.M.   Month Day Year   19   19   19   19   19   19   19   1  |
| <b>RECTOR:</b> After this certing 3 should be detached with the State Deat. of  |       | ME            | 21d. INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. City or Town County Stote  |
| der the Deri  |       | 19            | t work — of work —   |
| Afte<br>be<br>Sto   |       |               | 22a. I certify that (+) (this haspital) attended the deceased fram 14-03, 19-62, ta 1-24, 19-68, that (+) (we) last saw the deceased glive an 1-24   |
| CTOR: After<br>should be  |       |               | causes stated abave, (1) (we) (did) (did not) view the bady after death.   |
| SHEE  |       |               | 22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED   |
| DIR<br>Ge   |       |               | DEGREE PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS.  |
| FUNERAL DIRECTOR PAGE 3   |       |               | 22d. PHYSICIAN'S NAME (Type) Rene E. Smith Eastern Shore State Hospital  |
| UN.   |       | 230.          | BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)   |
| D ip  | ,     |               | REMOVAL (Specify) 1/26/68 CADE CHARLES CAPE CHARLES N. H. VA   |
|   | 5 (4) | 24.           | UNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE  |
| VR A15<br>30M REV.  | 1/68  | Le            | Cample 7 8 308 High ST Comb-Mo DATE JAN 20   |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death.

Page 4 may be retained by the haspital ar attending physician.

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# MADVIAND CTATE DEDADTMENT OF HEALTH

| MAKILAND STATE DEPARTMENT OF HEALTH                                   |       |
|---|-------|
| DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND | 21201 |
| CERTIFICATE OF DEATH  |       |

00832

| 1. DECEASED-NA                                       |   |                           | Middle                     |                 | Last                      | 2a. DATE OF       |                        | v                 | 2b. HOUR                          |  |  |
|--|---|---------------------------|----------------------------|-----------------|---------------------------|-------------------|------------------------|-------------------|-----------------------------------|--|--|
| (Type or prin  |   | TELD                      |                            | JACKSO          | N                         | .10               | Manth D                | oy Yeor           | M                                 |  |  |
| 3. SEX   | UMKI  | 4. RACE                   |                            |                 | DATE OF BIRTH .           | 0.7               | 6. AGE (In years       | IF UNDER 1 YEAR   | IF UNDER 24 HRS.                  |  |  |
| o. sex   |   |                           |                            | 1               | SEPT. 7                   |                   | lost birthdoy)         | MONTHS DAYS       | HOURS MIN                         |  |  |
| MALE :   |   | NEGRO                     |                            |                 | 1907                      |                   | 60 YR                  | 5.                |                                   |  |  |
| 7a. BIRTHPLACE country)                              | (State ar fareign   | 7b. CITIZEN OF WHAT       | COUNTRY? 8.                | MARRIED [       | NEVER MARRIED             | 9. COUNTY OF      | DEATH                  |                   |                                   |  |  |
|  | YLAND   | USA                       | 1                          | WIDOWED V       | DIVORCED [                | DORCHE            | CTED                   |                   | Md.                               |  |  |
| 10. CITY OR TO                                       |   |                           | OF HOSPITAL OR INSTIT      | UTION (If not i | hospitol 12a. USUA        |                   | (Kind of wark dane     | 12b. KIND OF      | BUSINESS OR                       |  |  |
| CAMBB  | LDGE  | T.                        | et address)<br>STERN SHOR  | E STAT          | - 11                      | 1-Abor            |                        | ) INDUSTRY        | 10 55                             |  |  |
| 13a. USUAL RES                                       | IDENCE (Where deceas  | ed lived, if institution: | Residence before           | c. CITY OR TO   | WN 13d. INSIDE CITY LI    |                   | REET AND NUMBER        |                   |                                   |  |  |
| admissian) ST<br>M                                   | ARYLAND   | 13b. COUNTY               | MERSET                     | CRISEL          | FID YES NO                | ××                |                        |                   |                                   |  |  |
| 14. FATHER'S N                                       |   | Middle                    | Lost                       |                 | OTHER'S MAIDEN NAME F     | irst _            | Middle                 |                   | Lost                              |  |  |
|  | Jahun   |                           | 516                        |                 | 4                         | 10 h              | 1                      |                   |                                   |  |  |
| 1/ WAS DES   | JOI/111   | ACD CODCECO [14]          | b. SOCIAL SECURITY NO.     | 17. INFO        | Tonh                      | LOCUI             | Address                |                   |                                   |  |  |
|  | ASED EVER IN U.S. ARM   | rar of dates of service)  | -                          |                 |                           | -                 |                        |                   |                                   |  |  |
| Yes, na, or u<br>UNKNOW                              | N 7   | 10                        | 5-215-07-2                 | 434REC          | ORDS OF THE               | LASTER            | N SHORE                |                   |                                   |  |  |
| 18. CAUS   | E OF DEATH (Enter on  | ly one couse per line     | or (o), (b), and (c).)     |                 | 0 1                       |                   |                        | APPROXI           | IMATE INTERVAL<br>ONSET AND DEATH |  |  |
|  | T I. DEATH WAS CAUSE  | D BY:                     | reprove                    | Acula.          | N 11cons                  | In X              |                        | Id                | M.I                               |  |  |
| 4  | 3 G IMMEUII   | ATE CAUSE (a)             |                            | x CAUL          | y consider                | - V V V           |                        | 1.00              | 4                                 |  |  |
| Condition  | s if any which maya   | / /                       | CONSEQUENCE OF             | 1 1             | 2. Tailor                 | 00.00             | 1.                     | 20                | 1 00                              |  |  |
|  | Conditions, if ony, which gave to immediate couse (o). (b) Subvalinged Union delenation 29 mas  |                           |                            |                 |                           |                   |                        |                   |                                   |  |  |
|  | stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF   |                           |                            |                 |                           |                   |                        |                   |                                   |  |  |
| lost.  |   |                           |                            |                 |                           |                   |                        |                   |                                   |  |  |
| PART 2.  | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)        |                           |                            |                 |                           |                   |                        |                   |                                   |  |  |
| 7 7  | 33/8  |                           |                            |                 |                           |                   |                        |                   |                                   |  |  |
| 19a. DATE  19a. DATE  21a. ACCI  or cont (If either, | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING |                           |                            |                 |                           |                   |                        |                   |                                   |  |  |
| S INC. DAIL  | OI OI EKATION   | CONDITION TOX WITHCIT     | OI ERATION WAS I ERIC      | KMED            |                           |                   | OF DEATH?              | , consisting in c | LKIII IIII O                      |  |  |
| <u> </u>   |   |                           |                            |                 | YES NO                    |                   |                        |                   |                                   |  |  |
| 21a. ACC   | IDENT WAS UNDERLYING TRIBUTING TO CAUSE OF DEAT   |                           | JURY<br>Month Day Yeor     | 21c. HOW        | INJURY OCCURRED (Enter    | r noture of injur | ry in Part 1 or Port : | 2, Item 18.)      |                                   |  |  |
| (If either   | , notify medical exami  | ner) P.M.                 | 19                         |                 |                           |                   |                        |                   |                                   |  |  |
|  | JRY OCCURRED 21e  | PLACE OF INJURY (AT       | HOME, FARM, STREET, FACTOR | Y.) 21f. LOCA   | TION Street ar R.F.D. Na. | . City            | or Town                | Caunty            | State                             |  |  |
| While [  | Nat while   | (OF                       | FICE BUILDING, ETC.        | 1               |                           |                   |                        |                   |                                   |  |  |
| at wark  |   | is basnital) attans       | lad the decoared           | from S          | -3/-,196                  | < to /            | -14                    | 963, that         | + (1) () lost                     |  |  |
| 220. 1   | teriny inditate (in   | live an                   | led the deceased           | ond t           | hat in (my) (and) api     | nian death        | accurred on the        | date and haur     | and from the                      |  |  |
| Su   | uses stated abavi   | e, (I) (we) (did) (di     | deet) view the ba          | dy after de     | ath.                      | man acam c        | accorred dir ine       | date dita fidor   | and namine                        |  |  |
| 22b. SIGN  |   | , , , , do , (ara ) (ar   | 01101/11011111000          | 4, 4110, 40     |                           |                   | 22                     | c. DATE SIGNED    |                                   |  |  |
| 220. 3101  | ATOKE C   | 12                        | MD                         | DEGREE          |                           | MED.              | STAFF TOT              | 1-111-1           | 2                                 |  |  |
|  |   | execus                    | 1-0+                       | DEGREE          |                           | IRECTOR L         | PHYS.                  | 1-14-1            | 20                                |  |  |
| 22d. PHY   | ME (Type) EDM   | IARD L                    | EWIS,                      | MD,             | 22e. ADDRESS              | Car               | ulridg                 | 2, hier           | //                                |  |  |
| 23a. BURIAL, C                                       |   | DATE /                    | 23c. NAME OF CEN           | MEJERY OR CR    | EMATORY                   | 23d. LOCATIO      | ON (City or Town)      | , (County)        | (State)                           |  |  |
| DEMOVAL  | (Specify)   | 118/17                    | K                          | 15hin           | 1011                      | 11:               | 5 F11-1-1              |                   | Mel                               |  |  |
| 24_EUNERAL   |   | 10/6/                     | ADDRESS                    | 00              | 250 AEAD B                | ROGISTRAN         | O 2Sb/ REVISIRAL       | R'S SIGNATURE     | 11141                             |  |  |
|  | 1111  | 5/1/                      | -16                        | 11/h            | 11 - 1                    | 18 IST 196        | O Juda                 | res years         | pr.                               |  |  |
| 1/1/2  | · V France  | I A Six A                 | 1 culled                   | 11/1/           | DATE                      |                   | U                      | 11                |                                   |  |  |

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the fundal director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 4 and 2 should be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death. VR A15 (4) 30M REV. 1/68

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**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hou Page 4 may be retained by the hospital ar attending physician.

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|---------------|---|---|
| 1.            | PLACE OF DEATH  O. COUNTY  MARYLAND  MARYLAND   | a. STATE MARYLAND b. COUNTY OLDER N. H.N.E.   |
| _             | DOKCHESTER  | · mil   |
|               | b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 CAMBRIDGE   | c. CITY OR TOWN (If Butside corporate limits, write RUR) Land give nearest town)  |
| H             | d. NAME OF HOSPITAL (If nat in haspital, give street address)   | d. STREET ADDRESS e. IS RESIDENCE   |
|               | CAMBRIDGE Hospital  | ON A FARM? YES \( \sqrt{NO} \)  |
| 3.            | NAME OF DECEASED (Type or print) EdNA VIRGINIA  | Last 4. DATE Month Day Year DEATH JANA 10 1968  |
| S.            | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED   | B. DATE OF BIRTH  OCT. 6-1895  9. AGE (In yeors lif UNDER 1 YEAR IF UNDER 24 HRS. Manths Doys Hours Min.                      |
| 10            | during most of working life, even if retired)   | STRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  |
| 13            | FATHER'S NAME   | 14. MOTHER'S MAIDEN NAME  |
|               | HARRY JOHNSON   | LUELLA HEDRICK  |
|               | es no or unknown) . (If was give wer as dates of service)   | RAYSON JEAN - STEVENSVILLE ME   |
|               | 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]   | INTERVAL BETWEEN  |
|               | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Branchopulus   | ONSET AND DEATH   |
| ŀ             | 250 DUE TO  |   |
|               | Canditians, if only which) (b) Deabetes mel   | Utus Indepent   |
|               | gave rise to immediate couse (a), stating the under-  |   |
| _             | lying cause lost. (c)   |   |
| CATION        | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT   | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \subseteq NO \subseteq \) |
| CERTIFICATION | OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  | D. (Enter noture of injury in Port I or Part II of item 1B.)  |
| MEDICAL       | 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Hour a. m. 19 While at work at work   | ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.) 20f. (City or town) (County) (Stote)                            |
|               | 21. I certify that (I) (this haspital) attended the deceased fram   | 1-8 1967, ta 1-10 1967, that (1) (we) last  |
|               | saw the deceased alive an 1-9 1967, and that a  | death accurred at SAM, from the causes and an the date stated above.  |
|               | Ruliand B. Blodeon  | M.D. PHYS. ATTENDING MED. STAFF PHYS.   1-11-68 SIGNED  |
|               | 22c. PHYSICIAN'S<br>NAME (Type) RIC/HARD G. BILODEAU  | CAMBRIDGE, MARYLAND   |
| 23            | BURIAL, GREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF COMPANY CONTROL OF CEMETERY | PARK BALTIMORE MD.  |
| 24            | EUNERAL DIRECTOR'S SIGNATURE - Church Hill  | 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE AN 15 1988  |

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ing Specific (S. 45) d. (12) Design T SAGDA 9 MAD PERMIT AND A STREET OF THE STREET BALWS LOAD HARRY JOHNSON LUCKUM HEDRICK - STEPPENDER TRANSPORTER TIR. Edition January Part House Italy Land State Top Time State Difference of the State of the

# FOR STATE HEALTH DEP necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to the funeral director. Page 4, characted to formated the formated to the

00835

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages lond 2 with the State Deportment of Health prior to buriol, cremation, or removal, and in any event within 72 hours ofter death. 5 moy be retained for your files.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00834

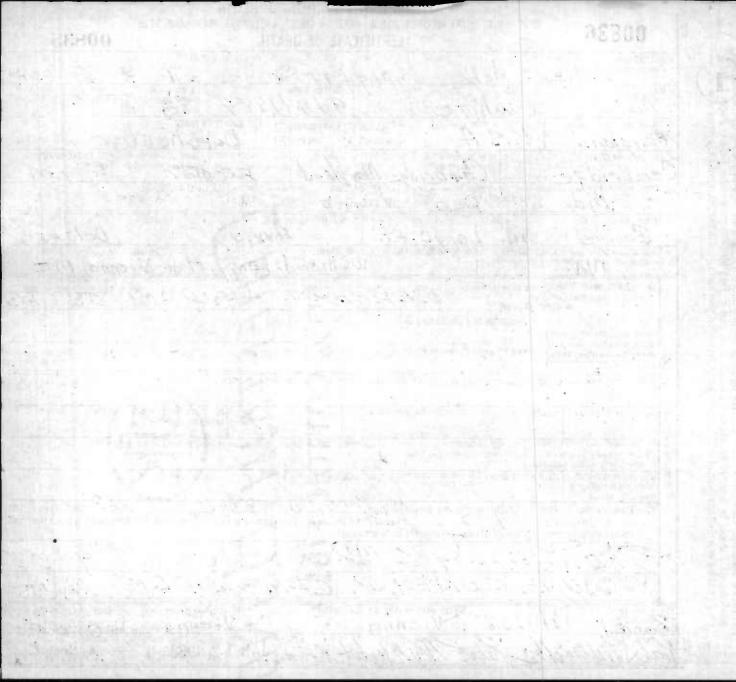
| 1. DECEASED-NAME<br>(Type or Print)                         | First GEORGE  | Middle OTTO   | KRAEGENBRINK  |  |  | HOUR        |
|---|---|---|---|--|--|-------------|
| Male  |   | RTH .2, 1893 6. AGE (In y lost birthde 714                    | ogrs IF UNDER 1 YEAR IF UNDER 24 H<br>Day) MONTHS DAYS HOURS<br>YRS.            | RS. 2c. DATE PRONOUNCED DEAD Min. Day  | Jan 28 1968 g  INCED DEAD Day Year 19  er  If wark dane en if retired.)  NUMBER ay Street  Middle tost  Middl | HOUR        |
| 7a. BIRTHPLACE (State country) Wisco:                       | or foreign  7b. CITIZEN OF W  USA   |   | MARRIED NEVER MARRIED 9. WIDOWED DIVORCED                                       | COUNTY OF DEATH Dorchester   |  | M           |
| 10. CITY OR TOWN OF Cambridge                               | e give  | NAME OF HOSPITAL OR INSTITU<br>street address<br>ambridge Md. | Hospital during m   | ost af warking life, even if retired.) <b>Farmer</b>                                   | 12b. KIND OF BUSINESS INDUSTRY Dir   |             |
| 13a. USUAL RESIDENC<br>admissian) STATE                     | E (Where deceased lived, if instituted)  13b. COUNTY                          |   | city or town ambridge YES X NO  | 13e. STREET AND NUMBER 509 Gay Stre  | et   |             |
| 14. FATHER'S NAME   | First Middle Carl Kraege  |   |   | First Middle Annie Kramm   | last   |             |
| Yes, no, or unknown   | ER IN U.S. ARMED FORCES?  (If yes give war or dates of service)               | 16b. SOCIAL SECURITY NO. <b>218–20–8668</b>                   | Mrs. James Moor   | e, 509 Gay St., C  | ambridge,  | Md.         |
|   | DEATH (Enter only one cause per<br>EATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) |   | scular accider  | ıt   | APPROXIMATE INTERV BETWEEN ONSET AND DI UNKN   | /AL<br>EATH |
|   | ny, which gave ate cause (a), (b)   | R AS A CONSEQUENCE OF Pneumonia R AS A CONSEQUENCE OF         |   |  | Unkn.  |             |
| 1331X   | IGNIFICANT CONDITIONS CONTRIBU  | TING TO DEATH BUT NOT REL                                     | ATED TO THE TERMINAL DISEASE OR CON   | IDITION GIVEN IN PART 1(a)   |  |             |
| 19a. DATE OF OF   | PERATION  | 19b. CONDITION FOR WHICH<br>WAS PERFORMED?                    | OPERATION   |  |  | 0 🔀         |
| PRIMARY OR CAUSE OF DEATH                                   | CONTRIBUTING HOUR A   | P.M. 19 (At hame, farm, street,                               | 21c. HOW INJURY OCCURRED (Enter<br>21f. LOCATION Street at R.F.D. Na.           | nature of injury in Part 1 ar Part 2, Ite  |  | State       |
| 22a. 1 c death res  ACTUAL SIGNATURE EXAMINER'S NAME (Type) | sertify that I taak charge af sulted from: Natural car John Mace J.           | uses X, Accident C  | CHIEF MEDICAL EX.  M.D. ASSISTANT MEDICAL  DEPUTY MEDICAL E  ADDRESS(Street, ci | Undetermined manner   AMINER   22b. DATE S EXAMINER   1/1: ty, town, ar county) Cambri | signed<br>2 <b>9</b> /68<br>dge, Md.   |             |
| 23a. BURIAL REMAT<br>REMOVAL (Specif                        | Jan 31 196  | 8 Dorchest  | tery or crematory ter Memorial Park   |  |  |             |
| 24. FUNERAL DIRECTO   | Funeral Servic  | e, Cambridge  | Maryland   25g. REC'D B   | Y REGISTRAR 256. REGISTRAR'S S   |  |             |

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00836 CERTIFICATE OF DEATH 00835 The low requires that the deoth certificate be executed within 24 hours ofter deoth. . DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR (Type or print) liam 3. SEX 6. AGE (In years IF UNDER 1 YEAR MONTHS signed by the ottending physician ond completely filled in by the buriol-transit permit. Then pleose remove carbon papers. Pages and in ony event, within 72 hours 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED X DIVORCED [ 10 LITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY. 13c. CITY OR TOWN 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? Vienn a 13b. COUNTY NO X Middle 15. MOTHER'S MAIDEN NAME First Last Delaha 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no, or unknown (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) IMMEDIATE CAUSE (a) 0 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) rise ta immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) O FUNERAL DIRECTOR: After this certificate has been os the the hospitol or ottending 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 USe 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) for TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy of (If either, notify medical examiner) P.M. detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY. 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased from Page 4 may be retained by 1968, and that in (my) (aur) apinion death accurred on the date and hour and fram the saw the deceased alive on\_ causes stated abave, (I) (we) (did) (did-net) view the bady after death. 225. SIGNATURE 22c. DATE SIGNED director, page 3 should be filed v PHYS 22d. PHYSICIAN'S BURIAL CREMATION (County) (State) REMOVAL (Specify) Vienna MO



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00836

|               |   | EKIIFIC                 | AIE OF DEATH               |                    |   | ., .                       |                              |  |  |
|---------------|---|-------------------------|----------------------------|--------------------|---|----------------------------|------------------------------|--|--|
|               | CEASED-NAME First Middle  ype or print) Florence Noama La Pauze   |                         | Lost                       | 20. DATE OF 1/     | DEATH 261901968 DOY                           | Year                       | 2b. HOUR                     |  |  |
| 3. SE         | X 4. RACE   |                         | 5. DATE OF BIRTH           |                    | 6. AGE (In years                              |                            | IF UNDER 24 HRS.             |  |  |
|               | Female White  |                         | 7/5/1899                   |                    | los bahdoy)                                   | MONTHS DAYS                | HOURS MIN                    |  |  |
|               | SIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY?  Manyland USA   | 8. MARRIED<br>WIDOWED [ | NEVER MARRIED DIVORCED     | 9. COUNTY OF Dorch |   |                            | Md                           |  |  |
| (             | ity or town of death 11. name of hospital or inst<br>ambridge give and tides deed   | Marylo Marylo           |                            | AL OCCUPATION      | (Kind of work done<br>life, even if retired.) | 12b. KIND OF B<br>INDUSTRY | USINESS OR                   |  |  |
| 13a.<br>admi  | USUAL RESIDENCE (Where deceosed lived, if institution: residence ssian) STATE 13b. COUNTY XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  | 13c. CITY OR Thap       | pe YES N                   | 0 🔀                | REET AND NUMBER                               |                            |                              |  |  |
| 14. F         | Charles N. Spence Lost  | 15                      | Mother's majden name       | Bryan              | Middle  |                            | Lost                         |  |  |
|               | WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, ar unknown) (If yes give war or dates of service) 212–344–344   |                         | nformant L. Laft           | auze, 7            | rappe, Md                                     | •                          |                              |  |  |
|               | IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse lost.  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (c) | etas                    | Tases                      | with               |   |                            |                              |  |  |
| NO            | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  1533  |                         |                            |                    |   |                            |                              |  |  |
| CERTIFICATION | 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PER   | 7 OX                    | LES NO                     | CAUSES             | YES, WERE FINDINGS C<br>OF DEATH2             |                            | RTIFYING                     |  |  |
| MEDICAL CE    | 215. ACCIDENT WAS UNDERLYING   21b. TAME OF INJURY   HOUR A.M. Month Day Year (If either, natify medical exominer)   P.M.   19  | 21c. HC                 | OW INJURY OCCURRED (Ente   | er nature of injur | y in Port 1 or Part 2,                        | Item 18.)                  |                              |  |  |
|               | 21d. INJURY OCCURRED VALUE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.   | ORY.) 21f. LC           | CATION Street or R.F.D. No |                    | or Town                                       | County                     | State                        |  |  |
|               | 220. I certify that (I) (this hospital) attended the decease sow the deceased alive on 15 courses stated above, (I) (and the t) view the b  | 9 6 , and               | d that in (my) (aur) ap    |                    | occurred on the do                            |                            | (I) (we) los<br>and from the |  |  |
|               | Sewin Surdelle  | DEGR                    | EE PHYS.                   | MED. DIRECTOR      | STAFF PHYS.   22c.                            | DATE SIGNED                | 68                           |  |  |
|               | 22d. HYSICIAN'S Lewis M. Burdett  |                         | 22e. ADDRESS  ANOTO        | 95%                | Combre  | de l'                      | M                            |  |  |
|               | BURIAL, CREMATION, 23b. DATE 1/29/1968 23c. NAME OF C. REMOVED COST. N  | ew Ma                   |                            | Cast               | New Marke                                     |                            | (Stote)                      |  |  |
| 24.           | FUNERAL DIRECTOR ADDRESS AURICE E. NEUWAM & SON, Easton   | n, Md.                  | 2So. RECD<br>DATE          | B REGISTRAR 2 19   | 25b. REGISTRAR'S                              | signature                  | ige.                         |  |  |

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours ofter deoth. Page 4 may be retained by the hospital or ottending physicion. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicion and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove corban pages. Posshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs

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00838 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00837 CERTIFICATE OF DEATH DECEASED-NAME First Middle last 2a. DATE OF DEATH 2b. HOUR and. (Type or print) Month Agnes Rvan Link 3. SFX 4. RACE IF LINDER 1 YEAR S. DATE OF BIRTH 6. AGE (In years aft. last birthday) Female White Dec. 30. 1896 van papers. Pag within 72 hours requires that the death certificate be executed within 24 hours 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED country)Baltimore and campletely filled in U.S. WIDOWED [ DIVORCED T Dorchester 10. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR during mast of working life, even if retired.) give street address) INDUSTRY remave carban Cambridge Edlon Park Homemaker 13a, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER Dorchester Cambride 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First First Last Thomas Rvan Consodina 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Edion Park Yes, na, or unknown) (If yes give war or dates of service) Cambridge Nd Mrs Edwi 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ERTENSION Canditians, if any, which gave) signed by the burial-transit p rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [ NO T O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) P be retained by the haspital OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 220. I certify that (I) (this hospital) attended the deceased from 4-19 saw the deceosed alive on 19 and thot in (my) (oc) opinion death occurred on the date and haur and from the causes stated above, (b) (we) (did) (distant) view the body after death. 225-SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. directar, page 3 should be filed v DEGREE PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 19 FRANKLIN St. CAMBRIDGE 23b. DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION Dorchester Memorial Park, Cambridge, Md

VR A15 (4) 3

**HUNERAL DIRECTOR** 

Cambridge.Md.

2Sa. RECE BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DATE

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# MARYLAND STATE DEPARTMENT OF HEALTH

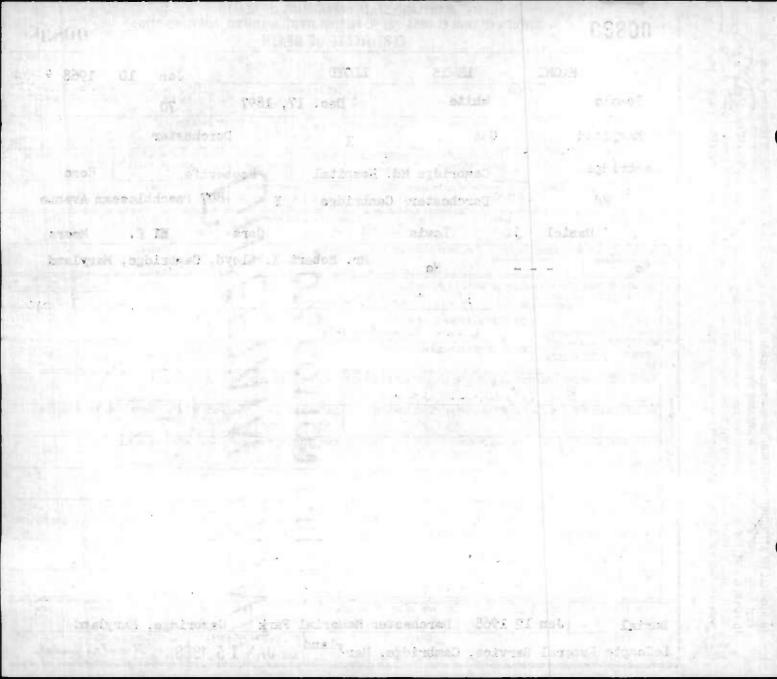
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFIC

| ALSTON STREET, DALTIMORE, MARTENED 21201 | 0.000 |
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| ATE OF DEATH                             | 0083  |
|  |       |

|             | ECEASED-NAME<br>Type or print)                    | First NA OM  |   | Middle LEWIS  | I  | LOYD   |                     | 2o. DATE (              | OF DEATH Month Day Jan 10                          | 1º968                       | 2b. HOUR 4:48 AN               |
|-------------|---|--|---|---|--|--|---------------------|-------------------------|--|-----------------------------|--------------------------------|
| 3. S        | Female  |  | 4. RACE   | nite  |  | S. DATE OF E   | 17, 18              | 97                      | 6. AGE (In years last birthday)                    | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS.<br>HOURS MIN. |
|             | BIRTHPLACE (State or ntry) Marylan                |  | 7b. CITIZEN OF WH   |   | 8. MARRIER<br>WIDOWER                        | D NEVER MA   | RRIED               | 9. COUNTY C             | of DEATH<br>Chester                                |                             | Mo                             |
|             | Cambridge   |  | give s  | ME OF HOSPITAL OR IN<br>treet address)                            | id. He                                       |  | during m            | ost of warkin<br>Housew | N (Kind af wark dane<br>ng life, even if retired.) | 12b. KIND OF EINDUSTRY      | BUSINESS OR                    |
| 13a.<br>adm | USUAL RESIDENCE (Wissian) STATE Md                | here deceose   | lived, if institution 13b. COUNTY                                     | on: Residence before  |  | or town  | 13d. INSIDE CITY LI |                         | STREET AND NUMBER 7 Peachbles                      | sem Ave                     | nue                            |
| 14.         |   | irst<br>aniel  | Middle<br>J.  | Lewis   |  |  |                     | ora                     | Middle   | Moo                         |                                |
| 160         | WAS DECEASED EVER<br>Yes, no, ar unknown)         | IN U.S. ARME   | D FORCES?<br>or dates of service)                                     | 16b. SOCIAL SECURITY  | NO. 17                                       | informant Robe                                       | ert K.              | Lloyd,                  | Cambridge,   | Maryla                      | nd                             |
| NC          | stating the underly last. 5 70 PART 2. OTHER SIGN | vhich gave (cause (o), (ring cause)  | DUE TO, OR A  (c)  OITIONS CONTRIBU                                   |   | OT RELATED                                   | Chen   |                     |                         |  |                             | days                           |
| CERTIFICATI | 190. DATE OF OPERAT                               |  |   | ICH OPERATION WAS PE  |  | 20a. AUT<br>YES                                      | ] NO [              | CAUS                    | IF YES, WERE FINDINGS CO<br>SES OF DEATH?          |                             | RTIFYING                       |
| MEDICAL C   | sow the de causes stot                            | CAUSE OF DEATH dical exomine RED 21e. F cont (I) (this ecceased ali red obove, | HOUR A.M. P.M. PLACE OF INJURY  hospitol) otts ve on 1 (I) (we) (did) | Manth Day Yeor  I AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC. | 9 21f. ed from_19 &\$\mathbb{S}, o bady ofte | location Strong to the strong to that in (r r deoth. | ny) (our) opi       | . (i                    | iyury in Port 1 or Part 2, 1 ity or Town           | Caunty                      | Stote (I) (we) las             |
| Ι,          | BURIAL, CREMATION,<br>REMOVAL (Specify)           | Ton  | 70 706  | Damaha  | _#   | OR CREMATORY   | 3 84-1-             | 23d. LOCA               | TION (City ar Town)                                | (County)                    | (Stote)                        |
| 24.<br>I    | FUNERAL DIRECTOR                                  | uneral   | Service   | ADDRESS<br>Cambrid  | ige, M                                       | arylan   | DATE JA             | N 15                    | 25b. REGISTRAR'S                                   | was Ja                      | uge                            |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificote be executed within 24 haurs after death. Page 4 may be retained by the hospitol or ottending physicion. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion and completely filled in by the fur director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Cages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

VR A15 111 30M REV. 168



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

|  |   |   | EKTITICA                                       | HE OF DEA           | AID                              |  |                             | 000                   | CICI                             |
|--|---|---|--|---------------------|----------------------------------|--|-----------------------------|-----------------------|----------------------------------|
| 1. DECEASED-NAME First   | 4-4-1-1-4                                     | Middle  |  | Last                | 2a.                              | DATE OF DEATH  |                             |                       | 2b. HOUR                         |
| (Type or print) VIRGIN   | ITA LEE                                       | HUGHE   | S I  | YTE                 |                                  | JANUARY Month  | 1. 1                        | 968                   | 8:30PM                           |
| 3. SEX   | 4. RACE                                       |   |  | DATE OF BIRTH       | -                                | · 6. AGE (In years   |                             | NDER 1 YEAR           | IF UNDER 24 HRS.                 |
| MALE   | NE  | GROID   |  | FEBRUA              | RY 21.                           | 1923 last birthday)  | YRS. MONT                   | HS DAYS               | HOURS MIN                        |
| 7a. BIRTHPLACE (State or foreign   | 7b. CITIZEN OF WHA                            | T COUNTRY?  | 8. MARRIED                                     | NEVER MARRIED       | 7                                | UNTY OF DEATH  |                             |                       |                                  |
| MARYLAND   | USA   |   | WIDOWED X                                      |                     |                                  | DORCHESTER   |                             |                       | Mo                               |
| 10. CITY OR TOWN OF DEATH  CAMBRIDGE   | 11. NAN<br>give str                           | ME OF HOSPITAL OR INS<br>reet address)<br>IBRI DGE MI | TITUTION (If nat                               | in haspital 1       | 2a. USUAL OCC<br>uring mast of   | UPATION (Kind of work of<br>working life, even if retir<br>BORER | ed.) 12                     | b. KIND OF<br>NDUSTRY | BUSINESS OR                      |
| 13a. USUAL RESIDENCE (Where decease  | ed lived, if institution                      | n: Residence befare                                   | 13c. CITY OR TO                                | DWN 13d. IN         | ISIDE CITY LIMITS?               | 13e. STREET AND NUMBE  | R                           |                       |                                  |
| admission ASTAL AND  | 13b. COUNTY CF                                | HESTER  | CAMBH I  |                     | NO 🗌                             | 1004 JIMSO   |                             | D                     |                                  |
| 14. FATHER'S NAME First  | Middle  | Last  |  | MOTHER'S MAIDEN     | NAME First                       | Midd   | le                          |                       | Last                             |
| ROBERT   |   | HUGHES  | 3.0  |                     | ELEANOF                          | 2  |                             | LeCOI                 | MPTE                             |
| IAM WAS DECEASED EVED IN ITS ADI   | MED FORCES?                                   | 6b. SOCIAL SECURITY N                                 | 10. 17. INF                                    | ORMANT              | 2222-2101                        | Addre  | ess                         | 2000                  |                                  |
| Yes, no or unknawn) (If yes give v   | var or dates of service)                      | 220-01-29   | 22 ELS   | STE HUGH            | ES                               | 1004 JIMSON  | RD.                         | 216                   | 13                               |
| 18. CAUSE OF DEATH (Enter an   | ly ane cause per line                         | far (a), (b), and (c).)                               |  |                     |                                  |  |                             |                       | MATE INTERVAL<br>INSET AND DEATH |
| Canditians, if any, which gave nise to immediate cause (a), stating the underlying cause last. | (b) 3'c                                       | A CONSEQUENCE OF A CONSEQUENCE OF                     | L CARCI  | NOMA OF             | RECT                             | Usy  |                             |                       |                                  |
| PART 2. OTHER SIGNIFICANT CO   | NDITIONS CONTRIBUTI                           | NG TO DEATH BUT NO                                    | OT RELATED TO 1                                | THE TERMINAL DISE   | ASE OR CONDIT                    | ION GIVEN IN PART I(a)   |                             |                       |                                  |
| 154 Y  | Line I  |   |  |                     |                                  |  |                             |                       |                                  |
| 19a. DATE OF OPERATION 19b. /-6-67 C.  | CONDITION FOR WHIC                            | H OPERATION WAS PER                                   | RFORMED  | 20a. AUTOPSY?       |                                  | 20b. IF YES, WERE FINDI  | NGS CONSID                  | DERED IN CI           | ERTIFYING                        |
| DE 1-6-67 C  | ARCINGHA O                                    | F RECTUR  | ч  | YES 🗔               | NO 📆                             | CAUSES OF DEATH?   |                             |                       |                                  |
| 21g. ACCIDENT WAS UNDERLYII  ar contributingcause of Dea  (If either, notify medical exami     | TH HOUR A.M.                                  |   | St. Committee                                  | INJURY OCCURRE      |                                  | re af injury in Part 1 ar Pa                                     | ort 2, Item                 | 18.)                  |                                  |
| While Nat while at wark  |   | AT HOME, FARM, STREET, FAC<br>OFFICE BUILDING, ETC.   |  |                     |                                  | City ar Tawn   |                             | unty                  | State                            |
| 22a. I certify that (1) (the sow the deceased courses stated above                             | is haspital) atter<br>live on<br>(We) (did)(o | nded the decease<br>12-31 1<br>did not) view the l    | ed fram<br>9 <u>6_7</u> , and<br>bady ofter de | that in (my) (coth. | , 19 <u>62</u> ,<br>iur) apinion | , ta   | , 19 <u>68</u><br>ne date a | _, that<br>nd haur    | (II)(we) las<br>and from the     |
| 22b. SIGNATURE   | Mª arte                                       | - , n.  | D, DEGREE                                      | ATTENDING<br>PHYS.  | MED.<br>DIRECTO                  |  | 22c. DATE                   | SIGNED<br>- 8-6       | 8                                |
| 22d. PHYSICIAN'S<br>WAME (Type) JAMES  |   |   |  | 22e. ADDRESS        | BOX 3<br>CMMBR                   | BG<br>IDGE, MAR  | YLAND                       | , 21                  | 613                              |
|  | DATE  | 23c. NAME OF  | CEMETERY OR CI                                 | REMATORY            | 23d                              | . LOCATION (City or Town)  | (0                          | aunty)                | (State)                          |
| REMOVAL (Specify) BURTAL   | 1/7/68  | M   | ADISON   |                     |                                  | MADISON  | DOI                         |                       | MD.                              |
| 24. FUMERAL DIRECTOR   | A   | ADDRESS   | RTDOR  |                     | REC'D BY REG                     | ISTRAR 2Sb. REGIST   | RAR'S SIGN                  | IATURS                | ye.                              |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital ar attending physician.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funéral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2-hauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. OM REV. 188

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00840 00841 CERTIFICATE OF DEATH . DECEASED-NAME Middle Lost 2g. DATE OF DEATH 2b. HOUR First (Type or print) Daniel January William Mason 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH lost birthday) MONTHS HOURS 02-2T-82 White Male 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED country) WIDOWED 3 DIVORCED [ Dorchester Maryl and 12a. USUAL OCCUPATION (Kind of work dane 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Waterman and farmer give street address) INDUSTRY Eastern Shore State Hosp Cambridge (rural 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before \$13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY NO . omerset Deals Islan Main and in any 14 FATHER'S NAME Middle Lost IS MOTHER'S MAIDEN NAME First Middle Charles Virginia Thomas Mason 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknawn) (II yes give war or dates of service) Records of the astern Shore State Hospita APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one cause per line) fox (o). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) cremation. Conditions, if ony, which gove rise to immediate couse (a). AS A CONSEQUENCE DUE TO, OR stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN IN PART 1(a) priar ta has been SD CAUSES OF DEATH? YES 🗍 NO 🗌 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor of P.M. (If either, natify medical examiner) detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, 1 21f. LOCATION Street or R.F.D. No. State City or Town County While Not while at wark 220. I certify that (II (this haspital) attended the deceased from 4 pe saw the deceased alive on-1923, and that in (my) (and) opinion death accurred on the date and hour and from the couses stated abave, (1) (and) (did not) view the body after death

physician and campletely filled in by the Jun en please remave carbon papers. Pages oval, and in any event, within 72 haurs after law requires that the death certificate be executed within 24 haurs aft signed by the attending phy O FUNERAL DIRECTOR: After this certificate shauld director, page 3 VR A15 30M REV.

23a. BURIAL, CREMATION, 24. FUNERAL DIRECTOR

22b. SIGNATURE

22d PHYSICIAN'S NAME (Type)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY JOHOU'S (

23d. LOCATION (City of Town)

DIRECTOR

STAFF PHYS.

(County) (State)

22c. DATE SIGNED

E melen 2Sb. REGISTRAR'S SIGNATUR DATE

DEGREE

PHYS

22e. ADDRESS

Uneral T and 2

er death

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior ta burial, crematian, ar removal, and in any event, within 72 haurs after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haw

Page 4 may be retained by the haspital or attending physician.

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00841 CERTIFICATE OF DEATH

|               | ECEASED-NAME<br>Type or print)                                   | First<br>Edna  | Middle<br>Willson   | lost<br>Matthe              |                           | Jan. Month 27 D  | oy 19#8                       | 2b. HOUR                       |
|---------------|--|--|---|-----------------------------|---------------------------|--|-------------------------------|--------------------------------|
| 3. 5          |  | male 4. RAC  |   | S. DATE OF                  |                           | 6. AGE (In years last)                                     | IF UNDER 1 YEAR MONTHS DAYS   | IF UNDER 24 HRS.<br>HOURS MIN. |
| 7a.           | BIRTHPLACE (State or Intry) Maryla                               | fareign 7b. CITIZ  | EN OF WHAT COUNTRY?   | 8. MARRIED NEVER MA         | ARRIED 9. CO              | unty of DEATH Dorchester                                   |                               | M                              |
|               | CITY OR TOWN OF DEA  | TH   | 11. NAME OF HOSPITAL OR INS   | en Nursing                  |                           | UPATION (Kind of work done working life even if trefired.) |                               | BUSINESS OR                    |
|               | . USUAL RESIDENCE (W   | here deceosed lived,   | if institution: Residence before  | 13c. CITY OR TOWN Cambridge |                           | 13e. STREET AND NUMBER 307 West                            | End Av                        | Θ.,                            |
|               | A  | mbrose   | Middle Last Will  | son                         | MAIDEN NAME First<br>Soph |  |                               | ston                           |
| 160           | yes, no, or unknown)   | IN U.S. ARMED FORCE<br>(If yes give war or dates of                |   |                             | son Matt                  | 114dda<br>hews, Cambri                                     |                               |                                |
|               | Canditions, if any, vrise ta immediate stating the underly last. | WAS CAUSED BY: IMMEDIATE CAUSE DUE vhich gove cause (a), ing cause | TO, OR AS A CONSEQUENCE OF  (b) C C C C C C C C C C C C C C C C C C C   | lory vil                    | rue dis                   |  |                               | days                           |
| CERTIFICATION | Sanil  | ity  | ONTRIBUTING TO DEATH BUT N  |                             | TOPSY?                    | 20b. IF YES, WERE FINDINGS<br>CAUSES OF DEATH?             | CONSIDERED IN CE              | RTIFYING                       |
| MEDICAL CER   | OR CONTRIBUTING [  | CAUSE OF DEATH HC  | TIME OF INJURY UR A.M. Month Doy Yeor P.M. 1  |                             |                           | re of injury in Part 1 or Port 2                           |                               | Stote                          |
| 2             | While Not while at wark 22a. I certify the saw the de            | nat (I) (this haspi<br>eceased alive an                            | INJURY (AT HOME, FARM, STREET, FAI<br>OFFICE BUILDING, ETC.  tal attended the decease e) (did) (did nat) view the | ed fram June 9              | 10 6                      | ta January 27, 1 death accurred an the c                   | 9 68, that<br>date and haur c |                                |
|               | 22b. SIGNATURE   |  |   | ND DEGREE PHYS.             | DIRECTO                   | CT STAFF CT  | c. DATE SIGNED                |                                |
|               | 22d. PHYSICIAN'S<br>NAME (Type)                                  |  | F. BARQU  |                             | ugin stre                 | et. Hurlack  |                               |                                |
|               | REMOVAL (SPACITY)  | 23b. DATE Jan • 3  | 30,1968 East  |                             | et Cemete                 | LOCATION (City or Town) ory, East Net                      | (County) Warke                | (State)<br>t,Md.               |
| 子             | BUNERAL DIRECTOR   | 2 Thor   | ADDRESS<br>Cambr  | idge,Md.                    | DATE FEB                  | 1 1968 REGISTRAF   | es signature                  | 192                            |

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00843 00842 CERTIFICATE OF DEATH DECEASED-NAME I) and 2 First Lost 2a. DATE OF DEATH 2b. HOUR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death (Type or print) January 13 1968 INDIA CAROLINE MILLIGAN 6. AGE (In years last bighday) 3 SEX 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS. Female White July 20, 1899 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED COUNTRY and campletely filled in USA Dorchester County WIDOWED [7] DIVORCED [7] 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life even if retired.) Hurlock - Rural and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER odmission aslAlfland 13b. County chester Hurlock R.F.D. 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Oscar L. Milligan Edith H. Medford 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes no ar unknown) Ralph C. Milligan, Hurlock, Maryland ar remaval, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY "etastatic arcinomatosis ecmo crematian, DUE TO, OR AS A CONSEQUENCE Of reinone of the breast right signed by the burial-transit burial, cremati Conditions, if any, which gave ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse by the hospital or attending physician PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priartat TO FUNERAL DIRECTOR: After this certificate has been Hypothyroidism 25 yrs 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO D be detached for use State Dept. af Health 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e, PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY. 21f. LOCATION Street or R.F.D. Na. City or Tawn County State While Not while at work 220. I certify that (1) (this hospital) attended the deceased from 4.24. , 19.29., to 1/13. , 19.08., that (1) (we) last sow the deceased olive on 19..., and that in (my) (our) opinion death occurred on the date and hour and from the \_\_\_\_\_\_, 19 00 \_\_\_\_, that (I) (we) last be retained couses stated obove, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATUR 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE issusse PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Preston Maryland arold B.Flummer director, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, BENOVAL (SPECIFY) 23b. DATE 23d. LOCATION (City or Town) (County) Jan. 15, 1968 Washington Cemetery Hurlock, Marylando RECE 25a. REC'D BY REGISTRAD 368 25b. REGISTRAD 350 24. FUNERAL DIRECTOR 30M REV Framptom and Son, Federalsburg, Maryland DATE

|                    |               | WHITE WATER            |            |           |          |              |
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J. Irington and Soft, Tederalabers, Yarviland

# necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta

T.SW.

ny delay is

This certificate shauld be executed within 24 hours after death

DICAL EXAMINER:

TO DEPUTY

Lage TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm Health priar to burial, crematian, ar remaval, and in any event within 72 hours after death. 5 may be retained far yaur files.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00843

| (Type or Print)   | Firs<br>HOB                                   |  | Middle THOMAS  |                        | Lost<br>MILLS                           |                    | 20   | OF ESTI-<br>DEATH MATED            |                                 | 26 19 6                              | 2b. HOUR  |
|---|---|--|--|------------------------|---|--------------------|--|------------------------------------|---------------------------------|--------------------------------------|-----------|
| 3. SEX<br>Male  | 4. RACE<br>White                              | S. DATE OF BIRTH                                 | 1899 6. AG   | E (In years buthday) N | IF UNDER 1 YEAR NONTHS DAYS             | IF UNDER           | 24 HRS. 20<br>MIN                                | DATE PRONOUNC                      |                                 | Yeor 19                              | 2d. HOUF  |
| ountry) Mary  |   | 7b. CITIZEN OF WHAT                              | COUNTRY?   | B. MARRI<br>WIDOW      | ED NEVER MA                             | ARRIED             |  | y of DEATH<br>rchester             |                                 |                                      | М         |
| O. CITY OR TOWN OF TODO                                 |   | 11. NAA<br>give str                              | ne of Hospital of Polent oddress)  abridge Mo          | STITUTION (I           | f not in hospito                        | l 12o. U<br>during | SUAL OCCUI                                       | PATION (Kind of vorking life, even | work done 1<br>if retired.)     | 2b. KIND OF BUS<br>NDUSTRY<br>Seafoo |           |
| 30. USUAL RESIDENC<br>odmission) STATE                  |   | sed lived, if instituti                          | on: Residence before                                   | 13c. CITY OF           | R TOWN                                  | 3d. INSIDE CITY I  |  | e. STREET AND NU                   |                                 |                                      |           |
| 4. FATHER'S NAME  | First<br>Millard                              |  | Mills  |                        | S. MOTHER'S MA                          |                    | First<br>Misso                                   |                                    | Aiddle<br>•                     | Cannon Lost                          |           |
| 60. WAS DECEASED EV<br>(Yes, no, or unknow<br><b>No</b> | ER IN U.S. ARMED                              | FORCES? war or dates of service)                 | 6b. SOCIAL SECURITY N<br>249-28-828                    |                        | informant<br>rs. Hob                    | art T              | . Mil  | ls, Todo                           |                                 |                                      |           |
| 18. CAUSE OF<br>PART I. D                               |   | nly one couse per line<br>D BY:<br>ATE CAUSE (o) |  |                        | nd of                                   | ches               | t.   |                                    |                                 | APPROXIMATE BETWEEN ONSET            |           |
| rise to immedi  | ny, which gave inte cause (a), derlying cause | DUE TO, OR A                                     | S A CONSEQUENCE OF OPONERY S A CONSEQUENCE OF          | occl                   |   | 01100              |  |                                    |                                 | ?                                    |           |
| 2341  | SIGNIFICANT CONI                              | DITIONS CONTRIBUTING                             | G TO DEATH BUT NOT                                     | RELATED TO             | THE TERMINAL                            | DISEASE OR C       | CONDITION (                                      | GIVEN IN PART 1(o                  | )                               |                                      |           |
| 190. DATE OF O  | PERATION                                      |  | 9b. Condition for V<br>Was Performed                   |                        | TION                                    |                    |  |                                    |                                 | 20. AUTOPSY                          | ?<br>NO 🔲 |
| PRIMARY CAUSE OF DEATH 21d. INJURY OCC                  | R CONTRIBUTING<br>H<br>CURRED 21e.            | LO 3 OM.   | JURY Month, Doy, Yea<br>AM 1/26<br>home, form, street, | /68                    |   | rom                | trac   | tor un                             | der tr                          | County                               | Stote     |
| AT WORK AT  | T WORK  | ectory, office building,<br>Highwa               | 1.y  | ad above l             | held an Auto                            | ansy 😿             |  | dville                             |                                 | Dor.                                 | Md.       |
| 22a. 1  | John  | Natural cause  Mace Jr.                          | s , Acciden  | 2                      | Suicide,<br>CH<br>M.D. AS:<br>DE:<br>AD |                    | e, EXAMINER ICAL EXAMINE L EXAMINER , city, town | Undetermined                       | 22b. DATE SI<br>1/27/<br>Cambri | GNED<br>168<br>Ldge, M               | Id.       |

VR A15ME (5) 10M REV. 1/68

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|                | A STATE OF THE STA |   |                |               | Tathub    |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after-death Page 4 may be retained by the hospital or attending physician.

foneral

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00844

| (N)  | 7   | 00020  | CER  | TIFICATE OF DEATH   |  | 0.00.1.1  |
|--|-----|--|--|---|--|---|
| death  | 9   | 1. DECEASED-NAME (Type or print) (SC)  | Middle   | MURPH4  | 2a. DATE OF DEATH  | 2b. HOUR  |
| ges Land   |     |  | 4. RACE  | S. DATE OF BIRTH  | o. Not (III feats  | FUNDER 1 YEAR OF UNDER 24 HRS. DINTHS DAYS HOURS MIN. |
| ly filled in by the faneral<br>nan papers. Pages Land<br>within 72 haurs after death   |     | 7a. BIRTHPLACE (State or foreign 7b.   |  |   | COUNTY OF DEATH  | ER Md.  |
| 0 1  | 0   | 10. CITY OR TOWN OF DEATH  | 11 MAME OF HOSPITAL OR INSTITUT  | AN during mas   | OCCUPATION (Kind of work done to working life, even if retired.) | 12b. KIND OF BUSINESS OR<br>INDUSTRY                  |
| camplet<br>ave car<br>event,   | 5   | 13a. USUAL RESIDENCE (Where deceased 1 admission) STATE  | lived, if institution: Residence befare 13c.                           | DENTON YES NO   | <b>½</b>   |   |
| n and se rem   | 2   | 14. FATHER'S NAME First  |  | 15. MOTHER'S MAIDEN NAME Fire                               |  | HOREWS  |
| physicia<br>en plea<br>eval, an  | i d | 16a. WAS DECEASED EVER IN U.S. ARMED<br>Yes, na, ar unknown) (If yes give war or   |  | WALTER MO   | URPHY SEAFE  |   |
| signed by the attending physician and co<br>burial-transit permit. Then please rema<br>burial, crematian, or removal, and in any |     | and the second s | nne cause per line far (a), (b), and (c).) Y: CAUSE (a) Acute Broch    | hial Pneumonia  |  | APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH  3 dya   |
| the attendi<br>sit permit.<br>nation, or r   |     | Canditians, if any, which gave   | (6)  | Severe  |  | 5 days  |
| signed by the<br>burial-transit<br>burial, crema   |     | stating the underlying cause   |  | terisoclerosi (   |  | 10 yrs  |
|  |     | Mild Diabetes  | ions contributing to death but not re<br>Moderately Con                | trolled Right 1   | Leg Amputated  |   |
| rtificate has been<br>d far use as the<br>af Health priar ta   | 2   | RTIFICA  | IDITION FOR WHICH OPERATION WAS PERFORI                                | YES NO A  | 20b. IF YES, WERE FINDINGS CON:<br>CAUSES OF DEATH?              |   |
| certificate has been<br>hed far use as the<br>ot. af Health priar ta   |     | OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner)  |  |   | nature of injury in Part 1 ar Part 2, Iter                       | m 18.)  |
|  | Ž   | While Nat while  | ACE OF INJURY (AT HOME, FARM, STREET, FACTORY, ) OFFICE BUILDING, ETC. |   |  | County State  |
| TO FUNERAL DIRECTOR: After this certi<br>director, page 3 shauld be detached<br>shauld be filed with the State Dept. at          | 3   | 22a. I certify that (I) (this h<br>saw the deceased alive<br>causes stated above, (I   | nospital) attended the deceosed from 19/68 19/68                       | rom, 19, 19, 19, and that in (my) (our) opin y ofter death. | ion death occurred on the dote                                   | ond hour ond from the                                 |
| e 3 sho  |     | 224-SIGNATURE  | Tueses   |   |  | TE SIGNED<br>22/68                                    |
| ar, pag  | 1   | 22d. PHYSICIAN'S<br>NAME (Type) Harold   |  |   | aryland  |   |
| director, I shauld be  | 1   | 230) BURIAL, CREMATION, 28b. DATE REMOVAL (Specify)  | 124,968 (67  | V GORA)   | CONCORD  | (Caunty) (State)                                      |
| VR A15 (4)<br>30M REV. 1/66  | 5   | 24. FUNERAL DIRECTOR  LES V.   | MOORE DENT   | DA PLO Sa. REC'D BY   | REGISTRAR 2Sb. REGISTRAR'S SIG                                   | GNATURE VILLAGE                                       |

DATE

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# MARYLAND STATE DEPARTMENT OF HEALTH

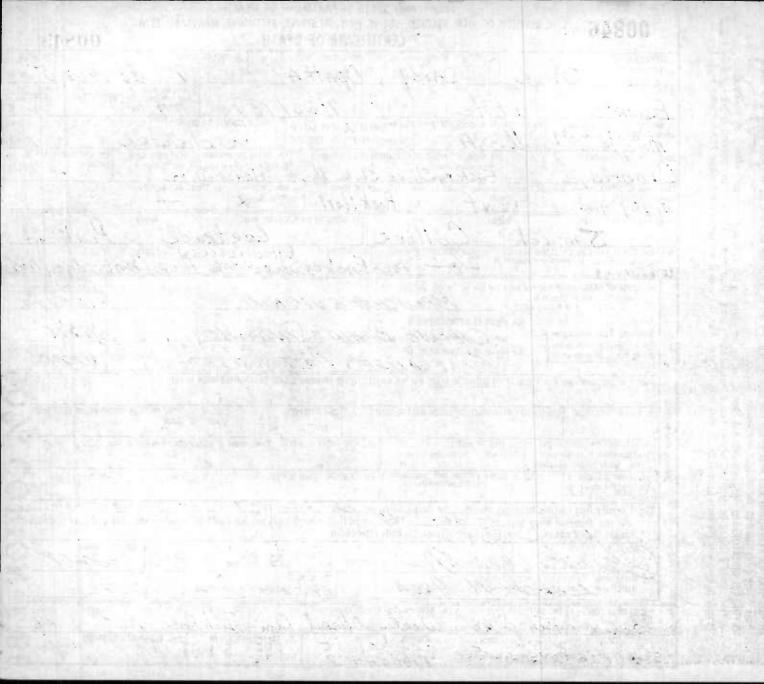
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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|---|---|---|---|---|
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| Ī. |  |   |  |  |  |  |   |  |  |                                  |
|----|--|---|--|--|--|--|---|--|--|----------------------------------|
|    | . DECEASED   |   | First  | Middle   | lo   | ost  | 2o. DATE  |  |  | 2b. HOUR                         |
| 1  | (Type or   | print)  | Dlive  | DAISY  | 1)00   | OHA  |   | Month Do   | 1 1900 8   | 5 A                              |
| 3  | . SEX  |   | 4. RACE  | 211104   | 13 DA  | TE OF BIRTH  |   | 6. AGE (In years   | IF UNDER 1 YEAR  | IF UNDER 24 HRS                  |
|    | 5  | mala  | 1416   | 1/2  | 4  | 1/25/12  | 291   | lost birthdoy)   | MONTHS DAYS  | HOURS MIN                        |
| 7  | PIDTUDI  | NE (State or foreign  | an. 7h CITIZEN O   | OF WHAT COUNTRY? 8. M  |  |  | 1 - COUNTY C  | 77 YRS.  |  |                                  |
| c  | ountry)  | ACE (Stote or foreign   | 14 1/  | 1 0  | Through the same of the same o | VER MARRIED  | 1   | 1 1  | 0  | 1-                               |
| L  | MA   | RNIAND  | ui   | 0111   | IDOWED   | DIVORCED   | FJORG   | N (Kind of work done   | I sol William of   | DUCINISCE OR                     |
| I  | J. CITY UK   | TOWN OF DEATH   |  | 11. NAME OF HOSPITAL OR INSTITUT give street address)  | TION (IT NOT IN III)   |  |   | ig life, eyen if retired.)   |  | ROZINE22 OK                      |
| 5  | AM   | Dridge  | 2  | EASTERNOHORE   | State  | 14050 t  | touse   | Vite.  |  | Brancher.                        |
|    |  |   | deceased lived, if ins   | stitution: Residence before 13c  | 1  | . / VICE I   | 13e.  | STREET AND NUMBER  |  |                                  |
| _  | dmission)  |   | I Re   | N/ //  | OCK HAI  | //   |   |  |  |                                  |
| P  | 4. FATHER'S  | S NAME First  | Midd   | dle Lost   | IS. MOTI   | HER'S MAIDEN NAME  | First /   | Middle   | 0, 1   | Lost                             |
| L  |  | AI  | nuel   | Collier  | 2  |  | eRTE  | Pude   | PINK   | iNd                              |
| P  |  |   | J.S. ARMED FORCES? yes give war or dates of service  | 16b. SOCIAL SECURITY NO.   | 17. INFORM   | 1 2001100  | 1. Lecg.  | cds) Address   | 1 -1   | N                                |
| Ų  |  | NOUN  |  | 186  | 2 FAST   | CRA Shore  | STATE   | HOSP. CA   | mbridg   | e,11k                            |
| Г  |  |   |  | per line for (a), (b), and (c).)   |  |  |   |  | APPROXIA<br>BETWEEN D                                      | MATE INTERVAL<br>INSET AND DEATH |
| ı  | F  | PART I. DEATH WAS   | CAUSED BY:<br>MMEDIATE CAUSE (o)   | BRONG  | HORVE  | -UHONI.  | 0   |  | 100  | Engo                             |
| ı  | 4  | 40.9  |  | DUE TO, OR AS A CONSEQUENCE OF   |  |  |   | 12   | //   |                                  |
| ı  |  | tions, if ony, which  | gove)  | (VA) CHARLIE BRAIN & VALDROME YEARS  |  |  |   |  | as   |                                  |
| ı  |  | immediate cous<br>g the underlying  |  | OR AS A CONSEQUENCE OF   | -1 40 170  | a  |   |  |  |                                  |
| l  | lost.  | I the oliderithing  | (c)  | (00 mm 111   | ZED I  | HRTERIC  | OCCLE   | -ROSI'S  | 1/2  | ars.                             |
| ı  | PART   | 2. OTHER SIGNIFICA  | ANT CONDITIONS CONT  | TRIBUTING TO DEATH BUT NOT RE  | LATED TO THE   | TERMINAL DISEASE OR  | CONDITION GIV   | VEN IN PART 1(o)   |  |                                  |
| ı  | - 45   | 500   |  | THE TOTAL  |  |  |   |  |  |                                  |
| ı  | 19o. D.  | ATE OF OPERATION  | 19b. CONDITION FOR   | R WHICH OPERATION WAS PERFOR   | MED 20   | Da. AUTOPSY?   |   | IF YES, WERE FINDINGS  | CONSIDERED IN CE   | RTIFYING                         |
| г  | 을  |   |  |  |  | YES NO   | CAUS  | SES OF DEATH?  |  |                                  |
|    |  |   |  |  |  | 152   140  |   |  |  |                                  |
| ı  | 逆 21o. A   | ACCIDENT WAS UND  |  | ME OF INJURY   | 21c. HOW INJ   |  |   | jury in Port 1 or Port 2,  | , Item 18.)  |                                  |
| ı  | 5 □ OR   | CONTRIBUTING CAUS   | SE OF OEATH HOUR   | A.M. Month Doy Year  | 21c. HOW INJ   |  |   | jury in Port 1 or Port 2,  | , Item 18.)  |                                  |
| L  | Uf eith  | CONTRIBUTING CAUS<br>her, notify medical<br>INJURY OCCURRED   | exominer)  | A.M. Month Doy Year<br>P.M. 19   | 1,315  | JURY OCCURRED (Ent   | er noture of in   | jury in Port 1 or Port 2,  | , Item 18.)<br>County                                      | Stote                            |
| ı  | Uf eitl<br>21d. While  | CONTRIBUTING CAUS<br>her, notify medical<br>INJURY OCCURRED<br>Not while  | exominer)  | A.M. Month Doy Year  | 1,315  | JURY OCCURRED (Ent   | er noture of in   |  |  | Stote                            |
|    | (If eith<br>21d. I<br>While  | CONTRIBUTING CAUS her, notify medical NJURY OCCURRED Not while at work  | exominer) HOUR A   | A.M. Month Doy Yeor P.M. 19 URY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.   | ) 21f. LOCATION  | JURY OCCURRED (Ente  | er noture of in   | ty or Town   | County   |                                  |
| ı  | Ulf eith<br>21d. I<br>While<br>at wor<br>22a.  | CONTRIBUTING CAUS her, notify medical NJURY OCCURRED Not while at work  I certify that is   | exominer) HOUR A exominer   121e. PLACE OF INJU  | A.M. Month Doy Yeor P.M. 19  URY (AT HOME, FARM, STREET, FACTORY.)  attended the deceosed for the deceosed f | ) 21f. LOCATION  | N Street or R.F.D. No.   | o. G  | ty or Town   | County 968, that   | (I) (we)                         |
|    | Ulf eith<br>21d. I<br>While<br>at wor<br>22a.  | CONTRIBUTING CAUS her, notify medical NJURY OCCURRED Not while at work  I certify that is   | exominer) HOUR A exominer   121e. PLACE OF INJU  | A.M. Month Doy Yeor P.M. 19 URY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.   | ) 21f. LOCATION  | N Street or R.F.D. No.   | o. G  | ty or Town   | County 968, that   | (I) (we)                         |
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| L  | While at war 22a.  | contributing CAUS her, notify medical INJURY OCCURRED Not while of work  I certify that saw the deced causes stated   | exominer) HOUR A exominer   121e. PLACE OF INJU  | A.M. Month Doy Yeor P.M. 19  URY (AT HOME, FARM, STREET, FACTORY.)  attended the deceosed for the deceosed f | 21f. LOCATION<br>rom, and tha<br>y after death   | N Street or R.F.D. No.   | o. G  | ty or Town  7 30-, 10 n accurred an the d  | County<br>968, that<br>date ond hour (                     | (I) (we) I                       |
|    | TOTAL OR CONTROL OR CO | contributing   CAUS her, notify medical NJURY OCCURRED   Not while     of work   certify that   saw the deced   causes stated   contribution   contribution | (I) (this haspital) ised alive an abave, (I) (we) (  | A.M. Month Doy Yeor P.M. 19  URY (AT HOME, FARM, STREET, FACTORY.)  attended the deceosed for the deceosed f | rom, and tha<br>y after death  | N Street or R.F.D. No.  10 June 1 19 | o. Gi   | ty or Town  30-11  accurred an the d   | County<br>968, that<br>date ond hour (                     | (I) (we) I                       |
|    | Under the second of the second | contributing CAUS her, notify medical NJURY OCCURRED NJURY OCCURRED of work I certify that saw the deced couses stated IONATURE PHYSICIAN'S NAME (Type)   | (I) (this haspital) ised alive an abave, (I) (we) (Compared to the compared to | A.M. Month Doy Year P.M. 19  URY (AT HOME, FARM, STREET, FACTORY.)  attended the deceosed from 1961  did) (did nat) view the bady  | rom , and tha y after death  | N Street or R.F.D. No.  To the control of the contr | er noture of in  o. Ci  Z, ta  pinian death  MED.  DIRECTOR | ty or Town  1 — 30—19  n accurred an the d  STAFF   22cc                             | County  968, that date and hour of the DATE SIGNED  27744. | (I) (we) land from t             |
|    | TO OR  | contributing   CAUS her, notify medical NJURY OCCURRED   Not while     of work   certify that   saw the deced   causes stated   contribution   contribution | (I) (this haspital) ised alive an abave, (I) (we) (  | A.M. Month Doy Year P.M. 19  URY (AT HOME, FARM, STREET, FACTORY.)  attended the deceosed from the dec | rom and tha y after death  DEGREE  | N Street or R.F.D. No.   | er noture of in  o. Ci  Z, ta  pinian death  MED.  DIRECTOR | ty or Town  30-11  accurred an the d   | County<br>968, that<br>date ond hour (                     | (I) (we) la and from t           |
| 2  | TO OR (If eith 21d. I. While at wor 22a. 22b. S) 22d. I 22 | CONTRIBUTING CAUSE her, notify medical NJURY OCCURRED NJURY OCCURRED to twork  I certify that saw the deced couses stated TONATURE HYSICIAN'S NAME (Type)  L CREMATION,   | (I) (this haspital) ised alive an abave, (I) (we) (Compared to the compared to | A.M. Month Doy Year P.M. 19  URY (AT HOME, FARM, STREET, FACTORY.)  attended the deceosed from the dec | 21f. LOCATION  rom, and tha y after death  DEGREE  | N Street or R.F.D. No.   | er noture of in  o. Ci  Z, ta  pinian death  MED.  DIRECTOR | or Town  To accurred an the description  STAFF 22cc  PHYS. 22cc  TION (City or Town) | County  968, that date and hour of the DATE SIGNED         | (I) (we) I<br>and from I         |

after death. 24 haun TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00847 00846 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH (Type ar print) JANUARY DAISEY PAYNE 4. RACE S. DATE OF BIRTH 6. AGE (In years 3. SEX campletely filled in by the fave carban papers. Pages y event, within 72 haurs after last birthday) MONTHS FEMALE NEGROTO AUGUST 30. 1895 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED MARYLAND MARYLAND WIDOWED X DIVORCED [ DORCHESTER 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR GAMBRIDGE MD. HOSP. INC. during most of working life, even if retired.) remave carban CAMBRIDGE 13e. STREET AND NUMBER burial, cremation, ar removal, and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? admission YTAND BORCHESTER YES X 610 DOUGLAS STREET CAMBRIDGE 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First Middle First SEYMORE CHARLES PAYNE **JENNIE** 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes give war or dates of service) 507 DUNN'S CT. 220-03-2007A NICIE ENNALS 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Cardiac dec Cardiac decompensation IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic C.V.D. Canditians, if any, which gave ) signed by the burial-transit rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital ar attending physician. stating the underlying cause: PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detached far use as the should be filed with the State Dept. of Health priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES ME NO K O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. City or Town County While Nat while at work 07 toJan. 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive in 19, and that causes and abave (I) (we) (ab) (did not) view the bady after death. . 19 and that in (my) (aur) apinian death accurred an the date and haur and from the 22b. SIGNATUR 22c. DATE SIGNED ATTENDING 1/6/68 DEGREE

the death certificate be executed within 24 haurs after death.

ATTENDING PHYSICIAN: The law requires that

2b. HOUR

Last

21613

APPROXIMATE INTERVAL

State

(State)

MD.

(County)

DOR.

MED.
DIRECTOR STAFF PHYS. 22d. PHYSICIAN'S 2206920 HIGH Street, cambridge, Maryland EDVIN FASSETT. M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE BURIAL (Specify) BETWEET CAMBRIDGE 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR VR A15 1 Marley CAMBRIDGE, MD. 1968

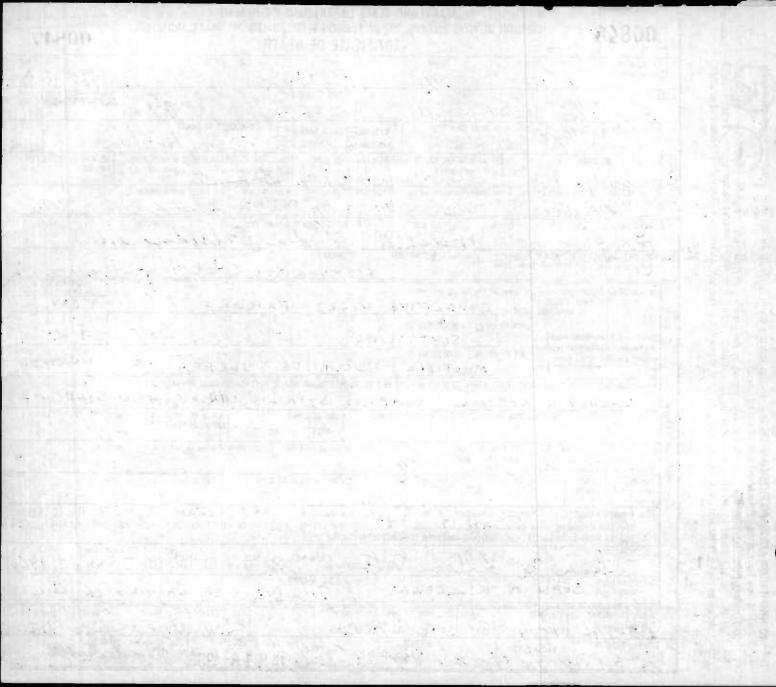
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| TOTAL TAKE OF SELECTION OF SELECTION AND ASSESSED TO A SELECTION OF SE |                    |             | ( is 15  |                | V T                      |   |
| DUTTE LANGE DETERM DESCRIPTION OF SECONDARY DE |                    |             |  |                | Tall -                   |   |
| DOTAL 1801 COURSES DESCRIPTION ASSESSMENT DAYS NO.   |                    |             |  |                | * .                      |   |
| The state of the s | 2019               | 00.0        | The same of the sa | 221            | our later                |   |

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within Page 4 may be retained by the haspital or attending physician.

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

| - 1 |         |   | 4517   | THICKIE OF DEATH                   |   |                             |
|-----|---------|---|--|------------------------------------|---|-----------------------------|
|     |         | EASED-NAME First pe or print)   | Middle   | Lost                               | 2a. DATE OF DEATH Manth Day   | 2b. HOI                     |
|     | 1.      | R117e   | M.   | POIK                               | 1- 13-  | -1968 8 F                   |
|     | 3. SE:  |   | . /  | S. DATE OF BIRTH                   | I was bright and  | IF UNDER 1 YEAR IF UNDER 24 |
|     |         |   | lored  | 10-29-0                            | O YRS.  | TOWNS ONTS HOOKS            |
| l   | 7a. 8   |   |  | ARRIED NEVER MARRIED               | 9. COUNTY OF DEATH  |                             |
| Į   |         | "Mary/and UI  | 0.11   | DOWED DIVORCED                     | Doncheste.  | R                           |
| ı   | 10. C   | TY OR TOWN OF DEATH   | NAME OF HOSPITAL OR INSTITUTION (NAME OF HOSPITAL OR INSTITUTION ( |                                    | AL OCCUPATION (Kind of work done ost of working life, even if retired.) | 12b. KIND OF BUSINESS OF    |
| ı   | (       | embridge Ind. I   | Astern Ohore   | State HOSP LE                      | America)  |                             |
| 1   |         | JSUAL RESIDENCE (Where deceosed lived, if institution) STATE (1) 13b. COUNTY                    |  |                                    |   | 11 m                        |
| ł   | . 4 .   | MIHYUIANd   | wie. Vai   |                                    | ~ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\                                  | 1en //10                    |
|     | 14. F   | ATHER'S NAME First Middle   | Last   | 15. MOTHER MAIDEN NAME F           |   | Last                        |
| 1   | 11.     | 1. July   | miletil  | 17. INFORMANT                      | (Unknow   | 20)                         |
| ١   |         | WAS DECEASED/EVER IN U.S. ARMED FORCES? s(no,)or unknown) (If yes give war or dates of service) | 16b. SOCIAL SECURITY NO.   | h 1                                | Address Address   | 1 1                         |
| ١   | -       |   |  | KAStern abore                      | . STOR 1705 p   | APPROXIMATE INTERVAL        |
|     |         | <ol> <li>CAUSE OF DEATH (Enter only one couse per<br/>PART I. DEATH WAS CAUSED BY:</li> </ol>   |  |                                    | 0 5   | BETWEEN ONSET AND DEAT      |
| ı   |         | IMMEDIATE CAUSE (a) _   | CONGESTIVE   | HEBRT FAI                          | LURE  | 1 DAY                       |
| ł   |         |   | R AS A CONSEQUENCE OF  |                                    |   | 1 WK                        |
| 1   |         | rise to immediate cause (a),  | SEPTICE!   | M/A.                               |   | 1 1015,                     |
|     |         | sidiling line bilderithing coose!   | MULTIPLE   | DECUBITUS                          | VLCERS  | IMONT                       |
| ı   |         | PART 2. OTHER SIGNIFICANT CONDITIONS CONTR  |  |                                    |   | 4                           |
|     |         |   |  |                                    | S, CHRONIC BRAIN  | SYNDROME                    |
| 1   | CATION  | 190. DATE OF OPERATION 19b. CONDITION FOR   | WHICH OPERATION WAS PERFORM  | AED 20a. AUTOPSY?                  | 20b. IF YES, WERE FINDINGS CON  | NSIDERED IN CERTIFYING      |
|     | 4.4     |   |  | YES NO T                           | CAUSES OF DEATH?  |                             |
| ı   |         | 210. ACCIDENT WAS UNDERLYING   216. TIME  | OF INJURY  | 21c. HOW INJURY OCCURRED (Enter    | r noture of injury in Port 1 or Port 2, Ite                             | em 18.)                     |
|     | MEDICAL | or contributing cause of DEATH HOUR A.  |  |                                    |   |                             |
| ı   | MEE     | 21d. INJURY OCCURRED   21e. PLACE OF INJUR  | Y (AT HOME, FARM, STREET, FACTORY,)  | 21f. LOCATION Street or R.F.D. No. | . City or Tawn  | County State                |
| ı   |         | While Not while at work   | COTTICE BUILDING, ETC.   |                                    |   |                             |
| 4   |         | 22a. I certify that (I) (this hospitol) c<br>saw the deceased alive on                          | ottended the deceased fr   | am_ JAN 12 , 196                   | 7, to JAN 13, 196   | 7 , that (I) (we)           |
|     |         | saw the deceased alive on causes stated abave, (1) (we) (di                                     | AN 13 196  | 人, and that in (my) (our) opi      | inian death accurred an the dote  | and hour ond from           |
|     | - 5     | 22b. SIGNATURE ()   | d) (old Hor) view life body  | offer death.                       | 22r D   | ATE SIGNED                  |
| 9   |         | form no ?   | allown m.  | DEGREE PHYS.                       |   | AN 13, 196                  |
|     |         | 22d. PHYSICIAN'S  |  | 22e. ADDRESS                       |   |                             |
| 1   |         | NAME (Type) SFAN M.   | KILLORAN   | 7415 BLA                           | IR ST. WASHING  | TON DIC.                    |
|     | 23a.    | BURIAL, CREMATION, 23b. DATE  | 23C NAME OF CEMET  | ERY OR CREMATORY                   | 23d. LOCATION (City or Town)  | (Caunty) (Stote)            |
|     |         | REMOVAL (Specify) L 1-16-6  | & GPOPNI   | Arpas                              | SALISBURG   | wico Md                     |
|     | 24.     | LINERAL DIRECTOR  | ADDRESS  | en Kvad Bo. REC'D B                | BY REGISTRAR 2Sb. REGISTRAR'S S   | GNATURE                     |
|     | - 1     | 124 / N. 77 /2  | 11 mans bless  | LIVE TO THE STANK                  | 10 1000 Miland  | as Verde                    |



### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| <b>CERTIFI</b> | CATE | OF  | DEATH |  |
|----------------|------|-----|-------|--|
|                |      | • • |       |  |

| and 2 death.   | VI  |               | CEASED-NAME PIRST  | Middle A LT A A   | P                   | Last                    | 20. DATE OF DEATH                  | th [ Dev.                 | Year 1 🗸                  | 2b. HOUR        |
|--|-----|---------------|--|---|---------------------|-------------------------|------------------------------------|---------------------------|---------------------------|-----------------|
| l and er death   |     | 3. SE         | Pri/ 1   | HA AWELDA   |                     | DATE OF BIRTH           | 6. AGE                             | In years                  | 1968                      | F UNDER 24 HRS. |
| ages<br>rs aft   |     |               | F  | $\omega$  | 9                   | uly 25,                 | 1889 logs.                         |                           | ONTHS DAYS                | HOURS MIN.      |
| in by<br>ers. F  | -19 | 7a. E         | HRTHPLACE (State or foreign try ARGIL LANG)  | 76. CITIZEN OF WHAT COUNTRY?  | 8. MARRIED WIDOWED  | NEVER MARKIED DIVORCED  | 9. COUNTY OF DEATH                 | HEST                      | TER                       | Md              |
| the attending physician and completely filled in by the fursit permit. Then please remave carbon papers. Pages 1 matian, ar remaval, and in any event, within 72 haurs after | 91  | 10. C         | ITY OR TOWN OF DEATH   | 11. NAME OF HOSPITAL OR INS   | TITUTION./If not in |                         | L OCCUPATION (Kind of              | wark done<br>if retired.) | 12b. KIND OF BUINDUSTRY   | ISINESS OR      |
| omplete<br>ave cark<br>event,  | 05  | 13o.<br>odmi  | USUAL RESIDENCE (Where deceases ssion) STATE   | ed lived, if institution: Residence before                            | (0)                 | CELY YES NO             |                                    | NUMBER                    |                           |                 |
| n and c<br>se remo   | 2   | 14. F         | ATHER'S NAME First   | Middle SM IT  | 4                   | OTHER'S MAIDEN NAME F   | irst                               | Middle                    |                           | Lost            |
| physicial<br>en pleas<br>eval, an  |     |               | WAS DECEASED EVER IN U.S. ARA  | AED FORCES?<br>ror or dates of service)                               | 17. INFO            | REDON (                 | REDDEN                             | Address                   | GELY                      | M9.             |
| ding party. The  |     |               | PART I. DEATH WAS CAUSE  | ly one couse per line for (a), (b), ond (c).  D BY:  Influenza        |                     |                         |                                    |                           | APPROXIMA<br>BETWEEN ONSI |                 |
| physician.<br>signed by the attendii<br>burial-transit permit.<br>burial, crematian, ar re   | 1   |               | 410X   | DUE TO, OR AS A CONSEQUENCE OF  |                     | & Ann Olevert           | 4 - 2                              |                           |                           | <u>, D</u>      |
| an.<br>by the att<br>ransit perr<br>crematian,   | 1   | 3             | Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause (       | (b) Above wit   | naebi I             | ity Obesi               | ty and un                          | contro                    | olled                     | 175.1           |
| physician.<br>signed by<br>burial-tran<br>burial, cren   |     |               | last.  | (c) Diabtess,   |                     |                         |                                    |                           | loyrs                     |                 |
| ta pen   |     | NC            | 48/X   | TOTAL CONTRIBUTION TO DEATH BUT IN                                    | ST KELATED TO TH    | E TERMINAL DISEASE ORE  | ONDITION OFFER IN TAK              | n(u)                      |                           |                 |
| icate has been<br>far use as the<br>Health priarta   | 2   | CERTIFICATION |  | CONDITION FOR WHICH OPERATION WAS PE                                  |                     | 20a. AUTOPSY? YES NO NO | 20b. IF YES, WEF<br>CAUSES OF DEAT | H?                        |                           | rifying         |
|  | ol  | MEDICAL CE    | 210. ACCIDENT WAS UNDERLYIN  ☐ OR CONTRIBUTING ☐ CAUSE OF DEA'  (If either, natify medical exami | HOUR A.M. Month Doy Yeor<br>ner) P.M. 19                              |                     | INJURY OCCURRED (Enter  |                                    | 1 or Port 2, Ite          | em 18.)                   | TE.             |
| this<br>detacted   |     | M             | While Nat while at wark  | PLACE OF INJURY ( AT HOME, FARM, STREET, FAC<br>OFFICE BUILDING, ETC. |                     |                         |                                    |                           | County                    | Stote           |
| o d b o  |     |               | saw the deceased a   | is haspital) attended the decease<br>live an 1/19/68                  | 9, and th           | at in (my) (aur) api    | , ta, nian death accurred          | 68_, 19_<br>d on the date | , that (<br>e and haur ar |                 |
| DIRECTOR: / DIRECTOR: / Je 3 shauld ed with the  |     |               | causes stated abave  | e, (I) (we) (did) (did not) view the                                  | bady after dea      |                         | TAFF.                              | 22c. DA                   | ATE SIGNED                |                 |
| bige 3   | 1   |               | 22d. PHYSICIAN'S   | VO James  | DEGREE              | ATTENDING MPHYS. D      | IRECTOR PHYS.                      | 0 1/                      | 24/68                     |                 |
| VERAL<br>VERAL<br>Var, p   |     |               | NAME (Type) Haro   | old B.Plummer M.  |                     | P.O.Box                 | #158 Pres                          | ton M                     | lary 1 m                  |                 |
| Page 4 may be retaine  TO FUNERAL DIRECTOR: director, page 3 shaul should be filed with th   | 2   | G.            | 7 7 7 5 5 1 7  | DATE 25, 1968 23c. NAME OF  | CEMETERY OR CRE     |                         | 23d. LOCATION (City of             | Jawn) C                   | (County)                  | (State)         |
| VR A15   | [4] | 24.           | FUNERAL DIRECTOR   | MOORE, ADBRESS  | MOTHS               | May 250. REC'D B        | N 2 9 1968                         | REGISTRAD'S SI            | GNATURE JAC               | sge.            |

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| and Paristings Traight | M. Hadaai |  | 144                                    |
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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00849

|                       | DECEASED-NAME First (Type or print) THOM   |  | ddie RIPPO   |  | o. DATE OF DEATH  Month Dq  | 24 1968 <sup>2</sup>                      | b. HOUR             |
|-----------------------|--|--|--|--|---|---|---------------------|
| 3. 5                  | Male   | 4. RACE White  |  | March 28, 18                                   | 92 6. AGE (In years last bighday) YRS.                              | IF UNDER 1 YEAR IF UN MONTHS DAYS HOUR    | IDER 24 HRS.        |
| coul                  | BIRTHPLACE (State or foreign untry) Maryland   | 7b. CITIZEN OF WHAT COUNTR<br>USA  | WIDOWED X  | DIVORCED                                       | Dorchester  |   | М                   |
|                       | Cambridge  | cambrid  | PITAL OR INSTITUTION (If not in biss)  ge Md. Hospit           | al during most o                               | CCUPATION (Kind of work done of warking life, even if retired.)     | 12b. KIND OF BUSIN<br>INDUSTRY<br>Seafood |                     |
| 13a.<br>odm           | . USUAL RESIDENCE (Where deceosnission) STATE Md   | sed lived, if institution: Resider<br>13b. COUNTY <b>Dorche</b>            | ster   13. CITY OR TOW<br>HOODERS                              | N 13d. INSIDE CITY LIMITS?                     |   |   |                     |
| 14.                   | FATHER'S NAME First  Thomas  | L. Rippons   | Last 15. MO  | THER'S MAIDEN NAME First                       | ma Middle   | Tyler                                     | ist                 |
| 16a                   | n. WAS DECEASED EVER IN U.S. ARM<br>Yes na ar unknawn) (If yes give w  | AED FORCES? 16b. SOCIA var or dates of service)                            | k SECURITY NO. 17, INFOR                                       | Benjamin Pa                                    | rks, Hoopersvi  | lle, Md.                                  | Les                 |
|                       | 18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gave) rise to immediate cause (o), stating the underlying cause last | D BY: ATE CAUSE (o)  DUE TO, OR AS A CONSEC                                | CEREBRA<br>QUENCE OF<br>ARTERIC                                | L HEMORRHAGE  SCLEROSIS  DISEASE with          |   | APPROXIMATE IN BETWEEN ONSET AN 12-30-6   | ND DEATH            |
| ATION                 | PART 2. OTHER SIGNIFICANT CO.  | (c)<br>NDITIONS CONTRIBUTING TO DE   | ATH BUT NOT RELATED TO THE                                     |  | Fibrillation ITION GIVEN IN PART I(a)  20b. IF YES, WERE FINDINGS ( |   | ring                |
| MEDICAL CERTIFICATION | 21a. ACCIDENT WAS UNDERLYIN  OR CONTRIBUTING CAUSE OF DEA' (If either, natify medical exami  | HOUR A.M. Month I  | 21c. HOW IN  | YES NO DURY OCCURRED (Enter not                | CAUSES OF DEATH?  ure of injury in Part 1 or Port 2,                | Item 18.)                                 |                     |
| MEI                   | 21d. INJURY OCCURRED 21e. While Not while of work of work  | PLACE OF INJURY (AT HOME, FAR OFFICE BUILD                                 | RM, STREET, FACTORY, ) 21f. LOCATIO                            | N Street ar R.F.D. No.                         | City ar Tawn  | Caunty                                    | State               |
|                       | causes stated abave  | is hospitol) attended the<br>live on 1-24-6<br>e, (I) (we) (did) (did not) | deceased from 12<br>8 19 , and the<br>view the body ofter deat | 2-31-67 , 19<br>of in (my) (our) opinion<br>n. | , to 1-24-68 , 19 n deoth occurred on the d                         |   | (we) la:<br>from th |
|                       | 22b. SIGNATURE 22d. PHYSICIAN'S  | & Bunk   | en morgrer   | ATTENDING MED. PHYS. DIRECT                    | TOR PHYS. 1   | DATE SIGNED<br>-26-68                     |                     |
| 230                   | NAME (Type) AT, BE  BURIAL, CREMATION, REMOVAL (Specify) Ja:   | RT E. BUNKER,  | M.D.  NAME OF CEMETERY OR CREM                                 |  | , Cambridge, Md   |   | tate)               |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician. VR A15 (4) 30M REV. 1/68

| 121-00    |                                  |             |  |                    |      | 0        | 1800 T      |
|-----------|----------------------------------|-------------|--|--------------------|------|----------|-------------|
| 23, 1963  | . M. 3.                          |             | MIPPÈNE  |                    |      | EN/SHT-  |             |
|           |                                  |             |  | oti                | dx - |          | p           |
|           | $(r-p) \in S_k \cap \{r \in I\}$ |             |  |                    | 237  | incu     | Level Table |
| * Losteis | 10 for - 19.110                  |             | levinedi.  |                    | ٤.   |          |             |
|           | C. C.                            | *           | Control of the contro | e si i e e e e e e |      | by       |             |
| mai vi    | \$                               | e ste       |  | 000                |      | To order |             |
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|           |                                  | an estados. | that ship?   |                    |      |          |             |
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| a to one  |                                  | 9:          |  |                    | , `A |          |             |
|           |                                  | . ea . em   | NE CONTRACTOR  |                    | in . |          |             |
| Edu fran  | Campidge, E                      |             | 1. 1. 1. 1   |                    |      |          |             |

00851 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00850 2g. DATE OF DEATH Lost 1. DECEASED-NAME First Middle 2b. HOUR the funeral ages 1 apd 2 rs after death (Type or print) Robinson 5:30PM January the attending physician and campletely filled in by the fun sit permit. Then please remave carbon papers. Pages 1 · natian, ar remaval, and in any event, within 72 haurs after c 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 6. AGE (In veors last birthday) law requires that the death certificate be executed within 24 hours at Female White January 27, 1968 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED country) Maryland Dorchester U.S.A. WIDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress). Cambridge Maryland Hosp during most of working life, even if retired.) INDUSTRY Cambridge 13e. STREET AND NUMBER 120 No. Harrison St. Autora/Street 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 18c. CITY OR TOWN admission) STATE Md. 13b. COUNTY Talbot 13d. INSIDE CITY LIMITS? NO T 14. FATHER'S NAME Last 1S. MOTHER'S MAIDEN NAME First Robert Muddle Meade Robinson Arlene 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. or unknown) 120 N. Harrison St. Easton Md Mother 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been as the 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 20g. AUTOPSY? CAUSES OF DEATH? NO 🔀 YES 🔲 of far use 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. Stote City or Tawn County While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from January 27, 1968, to January 2,71968, that (I) (we) last saw the deceased alive an January 27, 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the be retained causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR STAFF PHYS. 1-29-68 DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Dr Wilbur N. Baumann 10 Aurora St Cambridge, Maryland director, shauld 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) Cambridge Dorchester Maryland January Cambridge Md. Hospital 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 [4] > 30M REV, 1/68 Katherine Williams R.N. Cambridge.Md. Hosp. 1968

MARYLAND STATE DEPARTMENT OF HEALTH

FOR STATE HEALTH DEPT:

PM3. Poge

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to the funeral director Page 4, character to the funeral director Page 1, 2, and 3 to the funeral director Page 1, and 3 to

TO DEPUTY

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of

Health prior to burial, cremotion, or removal, and in any event within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND STATE DEPARTMENT OF HEALTH

| 11085                                      | 2                                    | MEDIC                                       | AL EXAMINER  | 'S CERTIFICAT                                    | E OF DEA   | ATH                           |                                    |                                 | 008                   | 351          |          |
|--|--------------------------------------|---|--|--|--|-------------------------------|------------------------------------|---------------------------------|-----------------------|--------------|----------|
| DECEASED-NAME     (Type or Print)          | ELLA                                 |   | Middle   | ROWLIS   |  | 0                             | TE KNOWN E<br>F ESTI-<br>ATH MATED | Month<br>Jan                    | Day<br>24             | Year<br>1,68 | 2b. HOUI |
| 3. SEX Female                              | 4. RACE<br>White                     | S. DATE OF BIR                              | 1. 2000 lost lis                                     | years IF UNDER 1 YEAR<br>day) MONTHS DAY<br>YRS. |  | AL. DA                        | TE PRONOUNCE                       | D DEAD<br>Day                   | Year                  | 19           | 2d. HOU  |
| 7a. BIRTHPLACE (St<br>country) <b>Kent</b> |                                      | USA   | AT COUNTRY? 8.                                       | MARRIED NEVER                                    | MARRIED S  | 9. COUNTY OF Dorc             | hester                             |                                 |                       |              | ٨        |
| 10. CITY OR TOWN                           |                                      |   | ME OF HOSPITAL OR INST<br>treet address) Ol Hambrook |  |  |                               | ON (Kind of we<br>ng life, even if | retired.)                       | 12b. KINI<br>INDUSTRY | one          | NESS OR  |
| 13a. USUAL RESIDI<br>admissian) STA        | ENCE (Where decease                  | d lived, if institu<br>13b. COUNTY D        | orchester  | 3c. CITY OR TOWN  Cambridge                      | YES NO   | 100. 51                       | OL Ham                             |                                 | s Bl                  | v'd.         |          |
| 14. FATHER'S NAME                          | First<br><b>John</b>                 | Middle                                      | Kirtley  | 15. MOTHER'S                                     | No. of the last of | First                         | Apple Wi                           | ddle /                          | Nu                    | chol         |          |
| 16a. WAS DECEASED<br>(Yes, no or unkn      | EVER IN U.S. ARMED FO                | PRCES?<br>or or dates of service)           | 16b. SOCIAL SECURITY NO.                             | 17. INFORMANT                                    | wes Ins  | ley, C                        | ambrid                             | ge, Ma                          | aryl                  | and          |          |
| Canditians, i                              | DEATH WAS CAUSED                     | BY:<br>E CAUSE (a) C O<br>DUE TO, OR<br>(b) | AS A CONSEQUENCE OF                                  | eclusion   |  |                               |                                    |                                 | -                     | nsta         |          |
| 450  | 0/                                   | IONS CONTRIBUTION                           | NG TO DEATH BUT NOT R                                |  | IL DISEASE OR CO   | NDITION GIVEN                 | IN PART 1(a)                       |                                 | 20                    | AUTOPSY      | '2       |
| RTIFICA                                    |                                      |   | WAS PERFORMED?                                       |  |  |                               |                                    |                                 |                       | YES 🔀        | NO 🗌     |
| PRIMARY CAUSE OF DE                        |                                      | HOUR A.A                                    | A. 19  | 21c. HOW INJURY                                  | OCCURRED (Enter  | er nature of inj              | ury in Part 1 a                    | r Part 2, Ite                   | m 18.)                |              |          |
|  | OCCURRED 21e. PL<br>NOT WHILE factor | ACE OF INJURY (A<br>ary, affice building    | t hame, farm, street,<br>g, etc.)                    | 21f. LOCATION Str                                | eet ar R.F.D. Na.  | C                             | ity ar Tawn                        |                                 | County                |              | State    |
| death  ACTUAL SIGNATURE                    | resulted fram:                       | Natural caus                                | es Accident  M.D.                                    |  | utapsy, , Hamicide CHIEF MEDICAL EX ASSISTANT MEDICAL DEPUTY MEDICAL ADDRESS(Street, c   | XAMINER CAL EXAMINER EXAMINER | determined                         | quiry manner   22b. DATE S 1/25 | GIGNED                |              | y apinia |
| 230. BURIAL, CREA                          | MATION, 23b. [                       | DATE  |  | METERY OR CREMATORY                              | (  | 23d. LOCATI                   | ON (City or Tox                    | vn)                             | (County)              | (St          | tate)    |
| 24 FUNERAL DIRE                            |                                      | Service                                     | ADDRESS . Cambridge                                  |  |  | BY REGISTRAR                  | 2Sb. RE                            | GISTRAR'S S                     | IGNATUR               | E            | 2.       |

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|                                       | de char e subject |                 |  |           |                    |

|  |               | CERTIFICATE OF DEATH   |   |                                       |   |  |  |  |
|--|---------------|--|---|---------------------------------------|---|--|--|--|
| 4 24   | 1. DE         | CEASED-NAME First  | Middle  | Last                                  | 20. DATE OF DEATH                                 | 2b. HOUR                                     |  |  |
| leot<br>eod  | (1            | ype or print) Alver  | rta Meekin  | s Ruark                               | 1/16/6Menth Doy                                   | Yeor 12;4                                    |  |  |
| 5 (34 E)   | 3. SE         | X  | 4. RACE   | S. DATE OF BIRTH                      | 6. AGE (In years                                  | IF UNDER 1 YEAR   IF UNDER 24 HRS            |  |  |
| de de  |               | Female   | White   | Apr.14,18                             | 6. AGE (In years lest birthday)                   | MONTHS DAYS HOURS MIN                        |  |  |
| by Pours   | 7o. E         | BIRTHPLACE (Stots or foreign                                   |   | 8. MARRIED MEVER MARRIED              | 9. COUNTY OF DEATH                                |  |  |  |
| ho ho  | cour          | "Maryland  | U.S.  | WIDOWED DIVORCED                      | Dorchester  | N  |  |  |
| med in pages.  | 10. 0         | ITY OR TOWN OF DEATH   | 11. NAME OF HOSPITAL OR INS                                 | TITUTION (If nat in haspital 12a. USL | JAL OCCUPATION (Kind of wark dane                 | 12b. KIND OF BUSINESS OR                     |  |  |
| within within  | 3             | Cambridge  | give street address) dge                                    | -Maryland Hosp                        | mast of working life, even if retired.) HOMOMAKOP | INDUSTRY                                     |  |  |
| completely ove carbo y event, w  | 130.          | USUAL RESIDENCE (Where deceose                                 | ed lived, if institution: Residence before                  | 13c. CITY OR TOWN 13d. INSIDE CITY    | LIMITS? 13e. STREET AND NUMBER                    |  |  |  |
| cute cute  | adm           | ssion) STATE aryland   | 13b. Dorchester   | Cambridge YES                         | 100 Cedar S                                       | St.  |  |  |
| ond compression on security  |               | ATHER'S NAME First   | Middle Lost   | 15. MOTHER'S MAIDEN NAME              |   | Last   |  |  |
| be on e re   |               | John   | E. Meekins  | M                                     | argaret Ann                                       | Ruark  |  |  |
| cian ond complete  | 16a.          | WAS DECEASED EVER IN U.S. ARM                                  | ED FORCES?  or or dates of service)  16b. SOCIAL SECURITY N | O. 17. INFORMANT                      | 402 E. Apple                                      | by Ave.,                                     |  |  |
| hysi<br>n pl   | Y             | es, no, or unknown) (If yes give wo                            | or or outes or service)                                     | Bernie M.Ru                           | ark, Cambridge, N                                 | 1d.  |  |  |
| that the death certificate be exian.  by the attending physician and transit permit. Then please remoremation, or removal, and in on   |               | 18. CAUSE OF DEATH (Enter only                                 | y ane cause per line for (a), (b), and (c).)                |                                       |   | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |  |  |
| oth<br>ndin<br>it.   |               | PART I. DEATH WAS CAUSED                                       | BY: TE CAUSE (a) CARCINOMI                                  | A OF AKLTUM Z                         | OBSTRUCTION                                       |  |  |  |
| afte<br>erm<br>erm   |               | 154.1  | DUE TO, OR AS A CONSEQUENCE OF                              |                                       |   |  |  |  |
| the the nation   |               | Conditions, if any, which gave)                                | (b)   |                                       |   |  |  |  |
| quires that the physician. Signed by the buriol-transit buriol, cremate  |               | rise to immediate cause (a), (<br>stating the underlying cause | DUE TO, OR AS A CONSEQUENCE OF                              |                                       |   |  |  |  |
| sicic<br>sicic<br>ol-t<br>ol, c  |               | last.  | (c)   |                                       |   |  |  |  |
| requires that the death certificate be executed within 24 hours after death glassician.  I signed by the attending physician and completely filled in by the funeral buriol-transit permit. Then please remove carbon papers. Pages I and a buriol, cremation, or removal, and in any event, within 72 hours after beath buriol, cremation, or removal, and in ony event, within 72 hours after beath. |               | PART 2. OTHER SIGNIFICANT CON                                  | DITIONS CONTRIBUTING TO DEATH BUT NO                        | OT RELATED TO THE TERMINAL DISEASE OF | R CONDITION GIVEN IN PART I(a)                    |  |  |  |
| w re<br>ding<br>een<br>the<br>r to   | NS.           | 154x   |   |                                       |   |  |  |  |
| AN: The low re of or attending icote has been for use os the Heolth prior to   | CERTIFICATION | 190. DATE OF OPERATION 19b. (                                  | CONDITION FOR WHICH OPERATION WAS PER                       |                                       | 20b. IF YES, WERE FINDINGS CO                     | NSIDERED IN CERTIFYING                       |  |  |
| The safe   | RTIF          |  |   | YES NO                                |   |  |  |  |
| IAN: of or ficote for us   |               | 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH       |   | 21c. HOW INJURY OCCURRED (Ent         | ter noture of injury in Part 1 or Port 2, It      | em 18.)                                      |  |  |
| PHYSICIAN Le hospitol of his certifico etached for Dept. of He   | MEDICAL       | (If either, notify medical examin                              | ner) P.M. 19  |                                       |   |  |  |  |
| HY<br>ho<br>ach<br>ach<br>ept  | 2             | 21d. INJURY OCCURRED 21e. While Nat while                      | PLACE OF INJURY ( AT HOME, FARM, STREET, FAC                | 21t. LOCATION Street or R.F.D. N      | lo. City or Town                                  | County Stote                                 |  |  |
| the det  |               | While Nat while at work  |   | 16 3 0 10                             | / 8 to / 10.                                      | & S ALMADIN III                              |  |  |
| by Affee Sto   |               | 220. I certify tho (1) (thi                                    | s hospitol) oftended the deceose                            | 9 68 and that in my (our) or          | 68 , to, 19_<br>pinion deoth occurred on the dot  | e and hour and fram the                      |  |  |
| R: A   | 2             | couses stated abave  | (1) (we) (did) (did nat) view the l                         | oody after death.                     | philoti acom occorrea on me aor                   | c and noor and nam n                         |  |  |
| OR ATTENI<br>be retained<br>DIRECTOR: A<br>ge 3 should<br>led with the   |               | 22b. SIGNATURE   |   |                                       | / 22c D   | ATE SIGNED                                   |  |  |
| OR be r  |               |  | 7. Mi Carter  |                                       | MED. DIRECTOR PHYS.                               | 1-17-68                                      |  |  |
| FAL<br>AL<br>Poo<br>Poo<br>e fii   |               | 22d. PHYSICIANS/<br>NAME (Type) James                          | s F. McCarter,  | M.D.   22e. ADDRESS   P.O. BC         | x 386 Cambridge                                   | , Maryland                                   |  |  |
| O HOSPI<br>Page 4 m<br>O FUNER,<br>director,<br>should b   | 23a           | BURIAL, CREMATION, 23b. [                                      | DATE 23c. NAME OF   | CEMETERY OR CREMATORY                 | 23d. LOCATION (City or Town)                      | (County) (Stote)                             |  |  |
| O G G in dia   | 2             | REMOYA (Prait) Ja  |   | ester Memorial                        | Park, Cambridge                                   | ,Md.   |  |  |
| VR A15 [4]   | 24            | UNERAL DIRECTOR  | ADDRESS   | 2Sa. REA'D                            | BY 2 EGISTRAN 968 2Sb. Prots PRAR'S               | SIGNATURE                                    |  |  |
| 30M REV. 1/68  | T.            | fernell K.   | However Cambr   | idge, Md. DATE                        | - 2 7 1000  | 00   |  |  |

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00853 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. Middle 1. DECEASED-NAME Lost 2a. DATE KNOWN Month Day 2b HOUR Yeor (Type ar Print) Schlee Carolyn Rita OF ESTI-1-11-DEATH MATED ment IF UNDER 1 YEAR 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR 4/1/1893 White Female poges 1 and 2 with the State Depart 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH in pencil in Item 18. Give Poges 1, form N.J. USA WIDOWED DIVORCED Dorchester after death 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR olong with give street address) during most of working life even if retired.) **INDUSTRY** 00 Secretary deoth. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY Md. Dor. Secretary YES NO K Rural hours Office ofter 14. FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME Katie William H. B. Sonnefeld Hangs 24 hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b. SOCIAL SECURITY NO 17. INFORMANT be executed within (Yes, no, or unknown) Mrs. John Forder Durham, N.C. File APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: pending IMMEDIATE CAUSE (6) Coronary occlusion Instant event DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Conditions, if any, which gave rise to immediate cause (o). ОПУ This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause the 2 forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) removal used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. NO K should be 10 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY Manth, Day, Year 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Tawn County State Your factory, office building, etc.) FUNERAL DIRECTOR: Poge NOT WHILE Poge AT WORK buriol, 22a. I certify that I taok charge of the remains described above, held an Autapsy ... Inspection x. Inquiry and in my apinian the funerol director. Natural causes X. Accident . be retoined death resulted fram: Suicide [ Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S mov Heolth Jr. John Mace Cambridge.Md. NAME (Type ADDRESS(Street, city, tawn, ar caunty) 0 BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. 10CATION (City or Town) (County) (State) REMOVAL (Specify) 13/68 Dor. Memorial Park Md. Cambride. Dor. ria INERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE Cambridge, Md.21613

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00854 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN Month Day Yeor (Type or Print) Schlee OF ESTI-Walter Ernest 1-11-190 DEATH MATED 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR 2/22/1884 Month 7 White 7 Year 2:35 Male YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH farm Dorchester WIDOWED [ DIVORCED [ USA Mass. in pencil in Item 18. Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR 12o. USUAL OCCUPATION (Kind of work done alang with give street address) during mast of warking life, even if retired.) land 2 with the Secretary Retired Plumber 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER death. 13b. COUNTY Dor. Secretary YES NO K Rural Office ( after 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Wydel Schlee Ida William pages haurs Examiner's 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** be executed within (Yes, na, ar unknown) (If yes give war or dates of service) Mrs. John Forder Durham. APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: pending IMMEDIATE CAUSE (a) Coronary occlusion Instant DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave rise to immediate cause (a), This certificate shauld please execute the certificate, writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 ar remaval, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗀 NO X be 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 3 shauld HOUR A.M. PRIMARY OR CONTRIBUTING crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. Na. City or Town County State factory, affice building, etc.) WHILE NOT WHILE D burial. 22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection X, Inquiry and in my apinian the funeral directar. Natural causes 7. Accident . Suicide be retained death resulted fram: Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X EXAMINER'S Health Mace Jr. ADDRESS(Street, city, town, ar caunty) NAME (Type) John Cambridge .Md. 0 23a. BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Md. Dorchester Mem. Park Cambridge. Huria. 2Sq. REC'D BY REGISTRAR ambridge, Md. 21613

MARYLAND STATE DEPARTMENT OF HEALTH

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

00855

00856

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages Land should be filed with the State Dept. of Health prior ta burial, crematian, ar remaval, and in any event, within 72 hours after death. Page 4 may be retained by the haspital ar attending physician.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

| 1. D          | ECEASED-NAME                          | First   |                            | Middle,                                    |                  | Last                     | 2a.              | DATE OF DEATH                          | California di             |                 | 2b. HOUR                      |
|---------------|---------------------------------------|---|----------------------------|--|------------------|--------------------------|------------------|--|---------------------------|-----------------|-------------------------------|
| (             | Tγpe or print)                        | Ben   | IAMIN                      | H  | 5                | EWARD                    |                  | Mani                                   | th Doy                    | 1968            | 1 A-                          |
| 3. S          | /                                     |   | 4. RACE                    |  | S.               | DATE OF BIRTH            |                  | 6. AGE (                               | 111 10013                 |                 | IF UNDER 24 HRS.<br>HOURS MIN |
| -             | male                                  |   | whit                       | e  | 3718             | 7-22-                    | 96               | 7                                      | YRS.                      | IONINS DATS     | HOURS MIN                     |
|               | BIRTHPLACE (State or finity)          | oreign  | 7b. CITIZEN OF WHAT CO     | UNTRY? 8.                                  | MARRIED 🔀        | NEVER MARRIED            | 2 COU            | NTY OF DEATH                           |                           |                 |                               |
|               | MD.                                   |   | U.S.                       |  | WIDOWED          | DIVORCED _               | 110              | Rchest                                 |                           |                 | XM                            |
| 10            | CITY OR TOWN OF DEAT                  | TH  | 11. NAME Of                | HOSPITAL OR INSTIT                         | UTION (If not in |                          |                  | JPATION (Kind of<br>vorking life, even |                           | 12b. KIND OF BI |                               |
| <u>_</u>      | AM Drid                               |   | EASTE                      | EN Shoke                                   |                  | 1-105P1 C1               | ARPEN            | TER                                    |                           | Gener           | al                            |
|               | nission) STATE                        | nere decease  | d lived, if institution: R | 1 0 0                                      | .D. 3            | WN 13d. INSIDE CI<br>YES | NO X             | 13e. STREET AND                        |                           |                 |                               |
|               |                                       | irst  | Middle                     | Lost                                       |                  | OTHER'S MAIDEN NAM       |                  |  | Middle                    |                 | Last                          |
|               | HOMAS EDWA                            |   |                            |  |                  | SUSTE EMIL               |                  | 1                                      |                           |                 | . 1-3                         |
|               | Yes no, or unknown)                   |   |                            | SOCIAL SECURITY NO.<br>1-07-7206           | 17. INFO         | 1 21                     | -1               | ords)                                  | Address                   | 6.10-           | 1                             |
|               |                                       | -   |                            |  | EAS              | tern Shore               | e STA            | TE HOSP.                               | Caml                      | 1 APPROVIMA     | TE INTERVAL                   |
| 1             | 18. CAUSE OF DEATH                    | H (Enter anl  | one cause per line for     | (a), (b), and (c).)                        |                  | e- 01                    |                  | 0                                      | 0.                        | BETWEEN ONS     | ET AND DEATH                  |
|               | 417 1                                 | IMMEDIA   | E CAUSE (a)                | per sen                                    | nine             | حصر مد ،                 | 2 000            | enxa                                   | y sur                     |                 |                               |
| N.            | Conditions, if any, w                 | hich gove )   | DUE TO, OR AS A C          | ONSEQUENCE OF                              | . 1 0            | 0                        | 0 ~              |  |                           | V ASS           |                               |
|               | rise to immediate c                   | ause (a),   | DUE TO, OR AS A C          | ONG ANTENCE OF                             | N X              | 1 Branco                 | er o             | m xux                                  | nono                      |                 |                               |
|               | stoting the underlyi                  | ng couse  | (c)                        | ONSEQUENCE OF                              |                  | 7                        |                  |  |                           |                 |                               |
|               | PART 2. OTHER SIGNI                   | IFICANT CON   | DITIONS CONTRIBUTING       | TO DEATH BUT NOT                           | RELATED TO TH    | IE TERMINAL DISEASE (    | OR CONDITIO      | ON GIVEN IN PART                       | 1(0)                      | +               |                               |
| ×             | 443                                   |   |                            |  |                  |                          |                  |  |                           |                 |                               |
| CERTIFICATION | 190. DATE OF OPERATIO                 | O. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED |                            |  |                  |                          |                  | 20b. IF YES, WER                       |                           | ISIDERED IN CER | TIFYING                       |
| RTIFIC        | 40 4                                  |   |                            |  |                  | YES NO                   |                  | CAUSES OF DEAT                         | H?                        |                 |                               |
|               | 21a. ACCIDENT WAS                     |   |                            | RY<br>nth Doy Yeor                         | 21c. HOW         | INJURY OCCURRED (E       | nter nature      | e of injury in Part                    | 1 or Port 2, Ite          | em 18.)         |                               |
| MEDICAL       | (If either, notify med                | lical examin  | er) P.M.                   | 19   |                  |                          |                  |  |                           |                 |                               |
| W             | 21d. INJURY OCCURR<br>While Not while | ED 21e.   | PLACE OF INJURY ( AT HO    | ME, FARM, STREET, FACTOR<br>BUILDING, ETC. | Y.) 21f. LOCAT   | TION Street or R.F.D.    | No.              | City ar Town                           |                           | County          | State                         |
|               | at work of work                       |   |                            |  |                  |                          |                  |  |                           |                 |                               |
|               | 22a. I certify the                    | at (4) (this  | haspital) attender         | d the deceosed                             | from             | nat in (my) (our)        | 964,             |  | 19 <u>0</u> , 19 <u>0</u> | 08 , that (     | (we) las                      |
|               | causes state                          | ed above  | (I) (we) (did) (did)       | nat) view the bo                           | dy ofter dec     | ith.                     | opinion          | Jeoin occurred                         | on the date               | e alla floor al | ia main ini                   |
|               | 22b. SIGNATURE D                      | 11  | 11-0                       | 1  | A1 (179)         | ATTENDING M              | MED              | CTACE                                  | 22c. D/                   | TE SIGNED       |                               |
|               | 6,40                                  | er u  | 1 Tel                      | X  | DEGREE           | ATTENDING PHYS.          | MED.<br>DIRECTOR | STAFF PHYS.                            |                           | - 26 - 6        | 8                             |
|               | 22d. PHYSICIAN'S<br>NAME (Type)       | 30 le   | 4 Riec                     | kert.                                      |                  | E-Neu                    | · M.             | a ked                                  | ud                        | Mary.           | Hen                           |
| 230           | BURIAL, CREMATION,                    | 23b. D  | n 29, 1968                 | 23c. NAME OF CEA<br>Spedden-               | Seward           | MATORY Cemetery          | 23d.             | LOCATION (City o                       | or. Co.                   | (County) Maryl  | (State)                       |
| 24.<br>L      | FUNERAL DIRECTOR COMPte Fu            | meral   | Service,                   | Cambridge                                  | , Mary           | rland 250. REC           | D BY REGI        | 9 1968 <sup>35b.</sup>                 | REGISTRAR'S S             | IGNATURE        | ge                            |

VR A15 (4) 30M REV. 1/68

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Anthony P. Le Compte, Cambridge, Md. 21613

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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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|   | 110000   |  |  | CE   | RTIFICATE O                                     | F DEATH                 |                |                                      |                   | 000                      | 01                              |  |
|---|--|--|--|--|---|-------------------------|----------------|--------------------------------------|-------------------|--------------------------|---------------------------------|--|
| 1.  | DECEASED-NAME<br>(Type ar print)   | First<br>Hen                           | 7937   | Middle   | Shultie   |                         | 2o. DATE OF    | Month 2                              | Day               | 1968                     | 2b. HOUF                        |  |
| 1   | SEX  | пеп                                    | 4. RACE  |  | S. DATE O                                       | r DIDTH                 | T              | 6. AGE (In year                      |                   | INDER I YEAR             | IF UNDER 24 HE                  |  |
| 3.  | Male   |  | Whit   |  |   |                         | 1881           | last bighdoy)                        |                   |                          | HOURS M                         |  |
| 7   | o. BIRTHPLACE (State or  | foreign 7                              | b. CITIZEN OF WHA                              |  | MARRIED NEVER                                   | MARRIED                 | 9. COUNTY OF   | DEATH                                |                   |                          |                                 |  |
|   | ountry)<br>Marvla  | ha                                     | U.S.   | A  | WIDOWED D                                       | VORCED                  | Dor            | cheste                               | r                 |                          |                                 |  |
| 10  | Maryla<br>D. CITY OR TOWN OF DEA<br>Hurlock  | TH                                     | 11. NA/<br>Besh                                | NE OF HOSPITAL OR INSTITUTE OR INSTITUTE OF HOSPITAL OR INSTITUTE OF HO | Nursing   | ol 120. USU.<br>duringm | AL OCCUPATION  | (Kind of wark of life even if retire | red.)             | 2b. KIND OF E<br>NDUSTRY | one                             |  |
|   | Ba. USUAL RESIDENCE (W<br>dmissian) STATE<br>Mary  |  | lived, if institution 13b. COUNTY Ca           |  | Greensbe  | 13d. INSIDE CITY L      |                | REET AND NUMBE                       | :K                |                          |                                 |  |
| ħ   |  | irst                                   | Middle   | Last   |   | MAIDEN NAME             |                | Midd                                 |                   |                          | Last                            |  |
| -   |  | Phill                                  | ip Shul  | Ltie   | No  | Recor                   | rd             |                                      |                   |                          |                                 |  |
| ļī  | 6g. WAS DECEASED EVER  | IN U.S. ARMEI                          | D FORCES?                                      | 16b. SOCIAL SECURITY NO.   | 17. INFORMANT                                   | 1312                    |                | Addre                                | ess               |                          |                                 |  |
|   | Yesho, or unknawn)   | (If yes give wor                       | or dates of service)                           | 217-30-87  | 22 Aman   | la Shul                 | tie G          | reensb                               | oro.              | Md.                      |                                 |  |
| F   | 18. CAUSE OF DEAT  | H (Enter only                          | one cause per line                             | for (a), (b), and (c).)  |   |                         |                |                                      |                   |                          | NATE INTERVAL<br>NSET AND DEATH |  |
| 1   | 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Cerebral Vacular AccidentThrombosis |  |  |  |   |                         |                |                                      |                   |                          |                                 |  |
| Canditions, if any, which gave is to immediate couse (o).  DUE TO, OR AS A CONSEQUENCE OF Arteriosclerosis  (b) DUE to Drain Arteriosclerosis |  |  |  |  |   |                         |                |                                      |                   | 25425                    |                                 |  |
|   |  |  |  |  |   |                         |                |                                      |                   | 25yr                     | `S                              |  |
| Ł   | stating the underly  |  | DUE TO, OR AS                                  | A CONSEQUENCE OF   |   |                         |                |                                      |                   |                          |                                 |  |
| 1   | lost.  |  |  | ertensive  |   |                         |                |                                      |                   | 25 y                     | rs                              |  |
| ı   | PART 2. OTHER SIGN   | IFICANT COND                           | ITIONS CONTRIBUT                               | NG TO DEATH BULL NOTE  | RELATED TO THE TERM                             | INAL DISEASE OR         | CONDITION GIVE | EN IN PART 1(a)                      |                   |                          |                                 |  |
|   | 6 443 X  |  |  |  |   |                         |                |                                      |                   |                          |                                 |  |
|   | 190. DATE OF OPERAT  | ON 19b. CC                             | ONDITION FOR WHIC                              | TH OPERATION WAS PERFO   |   | UTOPSY?                 |                | F YES, WERE FINDI<br>S OF DEATH?     | NGS CONSI         | DERED IN CE              | RTIFYING                        |  |
|   | 210. ACCIDENT WAS  | CAUSE OF DEATH                         | HOUR A.M.<br>P.M.                              | Manth Doy Year   | 21c. HOW INJURY                                 |                         |                | ury in Port 1 ar Po                  | ort 2, Item       | 18.)                     |                                 |  |
|   | 21d. INJURY OCCURI<br>While Nat while<br>of wark at wark   | RED 21e. P                             | LACE OF INJURY (                               | AT HOME, FARM, STREET, FACTOR<br>OFFICE BUILDING, ETC.   | Y.) 21f. LOCATION                               | Street or R.F.D. No     | a. City        | ar Town                              | Co                | aunty                    | Stote                           |  |
|   | 22a. I certify the saw the de causes sta   | not (I) (this<br>eceased alived above, | hospital) otter<br>ve an 1/1<br>(I) (37e) (48) | nded the deceosed<br>6 19<br>did not) view the bo  | from 12/4/<br>68 and that in<br>dy after death. | (my) (our) op           | inion deoth    | 21/68<br>occurred on the             | , 19<br>he dote o | , that<br>and hour o     | (I) (we)<br>and from            |  |
|   | 22b. SIGNATURE   | 0                                      | 350"   | and MID  |   | NDING                   | MED. DIRECTOR  | STAFF PHYS.                          | 22c. DATE         | SIGNED                   |                                 |  |
|   | 22d. PHYSICIAN'S (<br>NAME (Type)  | Haro                                   | ld B. I  | Plummer  | 22e.  | ADDRESS Pre             | ston,          | Maryl                                | and               |                          |                                 |  |
| 2   | 3a. BURIAL, CREMATION,   | 23b. DA                                |  |  | METERY OR CREMATOR                              | Y                       | 23d. LOCATI    | ON (City ar Tawn)                    | ) ((              | Caunty)                  | (State)                         |  |
| 1   | REPOYAL Specify  | 1-                                     | 23-68  | Greens   | boro  |                         | Gree           | nsboro                               | Ma                | ryla                     | nd                              |  |
| 1   | 4. FUNERAL DIRECTOR  |  | 00   | ADDRESS  | 4   | 2So. REC'D              | BY REGISTRAR   | 968 REGIS                            | PAR'S SIG         | ATURUM                   | de                              |  |
|   | TiGO (1) AT  | . 0                                    | 1) 2/21  | 20 MA CIOT   | a med   | , DATE JA               | NZDI           | 300                                  |                   | 0                        | 0                               |  |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital or attending physician.

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FOR STAT Page necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to ny deloy is 5 may be retained for your files.

O FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Department of PM3. the funeral director. Page 4 should be farworded to the Chief Medical Examiner's Office along with form This certificate should be executed within 24 hours after death Health prior to burial, cremation, ar removal, and in any event within 72 hours after death. SICAL EXAMINER:

TO DEPUTY

VR A15ME 10M REV. 1

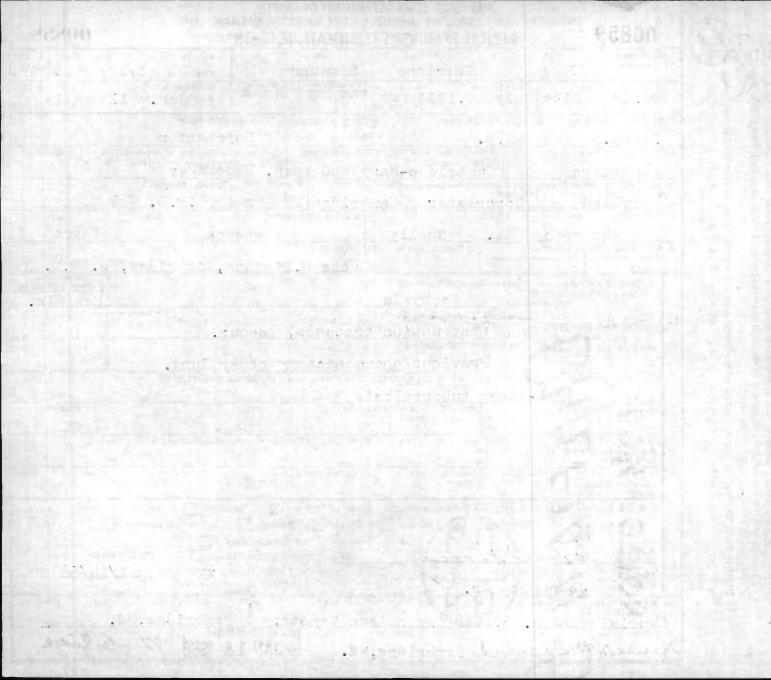
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| 1 | DECEASE   | D-NAME  | First             |                      | Middle             |   | Lost                 |                    |            | O. DATE PHOMPS  | AL D      |                              | Tel Hous  |
|---|---|---|-------------------|----------------------|--------------------|---|----------------------|--------------------|------------|---|-----------|------------------------------|-----------|
|   | (Type of  |   | June              |                      | Lorair             |   | Simmon               | 0.0                |            | OF ESTI-  | onth Do   | /68 19                       | 2b. HOUR  |
| - | CEV   | 14  |                   | C DATE OF DID        |                    |   | I IF UNDER 1 YEAR    | IF UNDER           | 24 MPC     | DEATH MATED   | 1751      | / 00 19                      | 9P M      |
|   | Fem   | ale   | White             | July 1               | 7,1922             | 6. AGE (In years<br>last birthday)<br>45 YR | MONTHS OAYS          | HOURS              | MIN.       | 2c. DATE PRONOUNCED DEA<br>Month Jan Day                            | 12        | Year 19 68                   | 2d. HOUR  |
| 7 | o. BIRTHP   | LACE (Stote or  | r foreign 7b.     | CITIZEN OF WHA       | T COUNTRY?         | 8. M  | ARRIED NEVER M       | ARRIED [           | 9. COU     | NTY OF DEATH  |           | - 20                         |           |
| 0 | Pe  | nna.  |                   | U.S.                 |                    |   |                      | ORCED              | Dog        | chester   |           |                              | Md.       |
| 3 | U. CIII OK  | mbric   |                   |                      |                    |   | N (If not in hospito |                    |            | UPATION (Kind of work downers) working life, even if retire nemaker |           | b. KIND OF BUS<br>DUSTRY     | NESS OR   |
| 1 | 3o. USUAI   | L RESIDENCE   | (Where deceosed   | lived, if institut   | ion: Residence b   | efore 13c. CIT                              | Y OR TOWN            | 13d. INSIDE CITY I |            | 13e. STREET AND NUMBER  |           |                              |           |
| 9 | odmissio  | on) STATE   | nd                | Dorch                | ester              | Car   | bridge               | YES N              | 10-        | R.F.D.  | # 1       |                              |           |
| 1 | 4. FATHER   |   | First             | Middle               |                    | Last  | IS. MOTHER'S MA      | AIDEN NAME         | First      | Middle  | -         | Lost                         |           |
| 1 |   | Re  | ymond             | L.                   | She                | lly   |                      | R                  | ebec       | .ca   |           | Payne                        |           |
| 1 | 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 1 |   |                   |                      |                    |   | 17. INFORMANT        |                    |            | ADDRESS   |           |                              |           |
| 4 | (Yes, no,   | or unknown)   | (If yes give war  | or dates of service) |                    |   | Lucas (              | . Sim              | mons       | . Cambridg  | e.Mo      | a. R.D                       | . 7       |
|   | T   |   | ATH (Enter only   | one cause per lin    | e for (a), (b), on | d (c).)                                     |                      |                    |            |   |           | APPROXIMATE<br>BETWEEN ONSET |           |
|   |   | PART 1. DEAT  | III MAR CALLERO P | V                    | Asph               |   |                      |                    |            |   |           | Few M.                       |           |
|   | 10  | 11.9  | IMMEDIATE         |                      | AS A CONSEQUEN     |   |                      | Yellow.            |            |   |           | T. C. M. IM                  |           |
|   | (Conditions, if ony, which gave ) (A) Obstruction bronchus mucous       |   |                   |                      |                    |   |                      |                    |            |   |           |                              |           |
|   |   | ta immediat<br>ng the under                               |                   |                      | AS A CONSEQUEN     |   | DI OIIONIA           |                    | 1000       | 0.  |           |                              |           |
|   | last.   | ing into order  | Tring coose       | (a) P                | reviou             | s pne                                       | umonect              | Omyr c             | the        | r lung  |           |                              |           |
|   | PART  | 2. OTHER SIGI   | NIFICANT CONDITI  |                      |                    |   |                      |                    |            | I GIVEN IN PART 1(o)  |           |                              |           |
| 1 | 0   | 002 / Pulmonary tuberculosis                              |                   |                      |                    |   |                      |                    |            |   |           |                              |           |
| 1 | 19a. I  | 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION |                   |                      |                    |   |                      |                    | 66         | 20. AUTOPSY   | ?         |                              |           |
| X |   |   |                   | 100                  | WAS PERFOR         | RMED?                                       |                      |                    |            |   |           | YES [                        | NO [      |
|   |   | EXTERNAL CAU  |                   |                      | NJURY Month, Da    | y, Year                                     | 21c. HOW INJURY O    | OCCURRED (En       | ter noture | of injury in Part 1 or Par  | t 2, Item | 18.)                         |           |
|   |   | SE OF DEATH   | ONTRIBUTING [     | HOUR A.N             |                    | 19  |                      |                    |            |   |           |                              |           |
|   |   | NJURY OCCUR   | - (               | CE OF INJURY (A      | t home, form, str  | reet,                                       | 21f. LOCATION Stree  | et or R.F.D. No.   | 146        | City or Town  | (         | County                       | State     |
|   | WH<br>AT W  | HILE NOT W  | ORK TOCTO         | ry, office building  | , etc.)            |   |                      |                    |            |   |           |                              |           |
|   | 3/1   | 22a. I cei  | rtify that I too  | k chorge of th       | e remoins des      | cribed abay                                 | ve, held an Aut      | apsy X             | Inst       | pection , Inquir  | v 🗍,      | and in m                     | v apinian |
|   | (   |   | ted from:         |                      |                    | ident .                                     | Suicide .            | Homicid            | -          | Undetermined mor  | ,         | 1                            |           |
|   |   |   |                   | ^                    |                    | 1   |                      | HEF MEDICAL        |            |   |           |                              |           |
|   |   | UAL<br>NATURE   | John              | Ma                   | 0-60               |   |                      | SSISTANT MED       |            |   | DATE SIG  | NED                          |           |
|   |   | MINER'S   |                   |                      | 1                  |   |                      | EPUTY MEDICA       |            |   | 1/        | 11/68                        |           |
| 7 |   | ME (Type)   | John 1            | nace J:              | r.                 |   |                      |                    |            | vn, or county)  | /         |                              | 1010      |
|   | 23o. BURI   | AL, CREMATIO  | N. 23b. D.        |                      |                    | E OF CEMETER                                | Y OR CREMATORY       |                    | 23d.       | LOCATION (City or Town)   | (Co       | ounty) (St                   | rate)     |
|   | REMO  | OVAL (Specify)  | Tar               | 16.19                | 968 Gre            | en La                                       | awn Cem              | eterv              | (          | Cambridge.  | Md.       |                              |           |
|   |   | AL DIRECTOR   | 11 -1             |                      | 1                  | ADDRESS                                     |                      | 2So. REC'I         | BY REG     | ISTRAR 2Sb. REGIST  | RAR'S SIG | NATURE                       |           |
| 1 | Seu   | with  | A. He             | russ                 | Cambi              | ridge,                                      | Md.                  | DATEJA             | N 18       | 3 1968 fcc  | ionle     | Long                         |           |



| 10  |               | cem 22 film 397 MARYLAND STATE DEPARTMENT OF HEALTH -26-68 mt DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  |   |  |  |  |  |  |  |  |  |
|---|---------------|--|---|--|--|--|--|--|--|--|--|
| FOR STATE   | 7             | 00000  | 0859  |  |  |  |  |  |  |  |  |
| HEALTH DEPT   | 1. D          | ECEASED-NAME First Middle Lost 20 DATE KNOWN X Month D   | Doy Yeor 2b. HOUR                               |  |  |  |  |  |  |  |  |
| e d s   | (             | Type or Print)  ELSIE WASHINGTON SMACK DEATH MATED JAN.  |   |  |  |  |  |  |  |  |  |
| ny delay<br>2, and 3<br>m3. Pa  | 3. S          | EX 4. RACE S. DATE OF BIRTH 6. AGE (in years 1 F UNDER 1 YEAR 1 F UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD lost birthdoy) 69 WONTHS OAYS HOURS MIN. Month JAN . Doy 17   | 2d. HOUR<br>Year 1968 5:30 M                    |  |  |  |  |  |  |  |  |
|   | 7o.           | BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIEDX 9. COUNTY OF DEATH   | Md  |  |  |  |  |  |  |  |  |
| after death  8. Give Pages 1, along with farm with the State De Jeath.  |               |  | 2b. KIND OF BUSINESS OR NDUSTRY                 |  |  |  |  |  |  |  |  |
|   |               | USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 3c. CITY OR TOWN dmission) STATE MD.   13b. COUNTY   WORCESTER GIRDLETREE   YES   NO   | 104.779   |  |  |  |  |  |  |  |  |
| 24 haurs in Item 11 irs Office ss land 2  |               | ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle  MARY GRIFFIN   | Lost  |  |  |  |  |  |  |  |  |
| hin<br>ncil<br>nine<br>page<br>hou  | ()            | WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give war or dates of service)  NONE  17. INFORMANT  HOSPITAL RECORDS  |   |  |  |  |  |  |  |  |  |
| ed with the line per line per line Examilation 1. File line 72 line 1.  |               | 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND GEATH |  |  |  |  |  |  |  |  |
| executed nding" in Medical Permit. I  |               | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ASPHYXIATION  | INSTANT   |  |  |  |  |  |  |  |  |
| auld be executed ward "pending" in the Chief Medical E rial-transit permit. Fi any event within   |               | ODUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate couse (a).  (b) FOOD ASPIRATION  | INSTANT   |  |  |  |  |  |  |  |  |
|   |               | stoting the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF   |   |  |  |  |  |  |  |  |  |
| ate<br>g th<br>ed t<br>and  | Z             | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)   |   |  |  |  |  |  |  |  |  |
| For the Property  | CERTIFICATION | 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?   | 2D. AUTOPSY?  YES NO X                          |  |  |  |  |  |  |  |  |
| Th<br>ifica<br>I be<br>Id b   | MEDICAL CER   | 210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 5:20 P.M. 1/17 1968  21b. TIME OF INJURY Month, Doy, Yeor ASPIRATED FOOD  21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item ASPIRATED FOOD  | 1 B.)   |  |  |  |  |  |  |  |  |
| A SES E   | MED           | 21d. INJURY OCCURRED  21e. PLACE OF INJURY (At home, form, street,  WHILE AT WORK  A | County State                                    |  |  |  |  |  |  |  |  |
| DEPUTY DICAL EXAM reessary, please execute the e funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page solth prior to burial, crem |               | 22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry ,   | and in my apinian                               |  |  |  |  |  |  |  |  |
| e executor. Page led for burial,  | 13            | death resulted fram: Natural causes 🔲 , Accident 🔼 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🕻  |   |  |  |  |  |  |  |  |  |
| olease et directar et ained DIRECT IT ta bu   | 15            | ACTUAL CHIEF MEDICAL EXAMINER C  |   |  |  |  |  |  |  |  |  |
| ry, ple<br>eral d<br>be ret<br>SAL D<br>priar   | 1             | SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 1/17   |   |  |  |  |  |  |  |  |  |
| o DEPUTY necessary, p the funeral 5 may be n 0 FUNERAL Health price   |               | DEPUTY MEDICAL EXAMINER \( \)  NAME (Type)  JOHN MACE, M.D.  DEPUTY MEDICAL EXAMINER \( \)  ADDRESS(Street, city, town, or county)   | 700   |  |  |  |  |  |  |  |  |
| necessa<br>the fun<br>5 may<br>70 FUNE<br>Health  | 230           | BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Company)   | County) (Stote)                                 |  |  |  |  |  |  |  |  |
| 2   |               | Burial Lan 20, 1968 Whatcost Meth Snow Hill, Ma  | 1.  |  |  |  |  |  |  |  |  |
| VR A15ME (5)  | 24.           | FUNERAL DIRECTOR  ADDRESS  ADDRESS  250. RECID BY REGISTRAR 250. REGISTRAR 5 SIGNAR  |   |  |  |  |  |  |  |  |  |

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00860

|               |   |                          |                                 |                 | it of beri         |                 |   |               | .,                    |                                  |
|---------------|---|--------------------------|---------------------------------|-----------------|--------------------|-----------------|---|---------------|-----------------------|----------------------------------|
|               | CEASED-NAME First ype or print)   |                          | Middle                          | - /             | Lost               | 2a. [           | DATE OF DEATH<br>Month                          | Day           | Year                  | 2b. HOUR                         |
| 3. SE         |   | Mes<br>14. RACE          | Edwa                            |                 | DATE OF DIDTH      | 4               | 6. AGE (In y                                    | 15            | IF UNDER 1 YEAR       | IF UNDER 24 HRS.                 |
| 3. 3E         | 2 / -   | A /                      | 0.0                             | 3.              | DATE OF BIRTH      | ani             | lost hirthde                                    | ay) M         | MONTHS DAYS           | HOURS MIN.                       |
| 11            | 14/e  | 1/6.91                   |                                 |                 | 1//3/              | 1886            |   | YRS.          |                       |                                  |
| caun          | BIRTHPLACE (Stote or foreign  | 7b. CITIZEN OF WHAT      | COUNTRY                         |                 | NEVER MARRIED      | 1 1             | NTY OF DEATH                                    | 10            |                       |                                  |
| n             | JARY/ANd  | U.D.                     | /7                              | WIDOWED         |                    | 150             | orches  | ter           | Inc. was an           | Md                               |
| 1             | ITY OR TOWN OF DEATH  | give str                 | NE OF HOSPITAL OR INS           | 0,1             | . / dur            | ing most of w   | IPATION (Kind af war<br>vorking life, even if r | etired.)      | 12b. KIND OF INDUSTRY | BUSINESS OR                      |
|               | AM DE, OGE USUAL RESIDENCE (Where decease                                 |                          | CRN Shore                       | JBC CITY OR TO  |                    | DE CITY LIMITS? | 13e. STREET AND NUI                             |               |                       |                                  |
|               | ssion) STATE //AND  | 13b. COUNTY              | st V                            | EAST            |                    |                 | 128 We  | 1             | Stree                 | +                                |
| 14. F         | ATHER'S NAME First  | Middle                   | Lost                            | 1S. A           | NOTHER'S MAIDEN N  | AME First       | ٨   | Aiddle        |                       | Last                             |
|               | JAMES   |                          | STANKEL                         | /               |                    | ANNI            | e   |               | STAN                  | 1/e4                             |
|               | WAS DECEASED EVER IN U.S. AR  | MED FORCES?              | 6b. SOCIAL SECURITY             |                 | ORMANT             |                 | , A   | ddress        | 0                     | , /                              |
| a.            | es, no, or unknown) (If yes give v  | val of other of service) | Not KNOW                        | IN FAS          | ctcenshope         | STAKEL          | bsp. Camil                                      | bridg         | e, Mic                | 11                               |
|               | 18. CAUSE OF DEATH (Enter anly one couse per line far (a), (b), ood (c).) |                          |                                 |                 |                    |                 |   |               |                       | MATE INTERVAL<br>INSET AND DEATH |
|               | PART I. DEATH WAS CAUSE   | D BY:<br>ATE CAUSE (o)   | PNEL                            | IMAN            | IA                 |                 |   |               | 13                    | DAYS                             |
|               | 486X  |                          | A CONSEQUENCE OF                |                 |                    |                 |   |               |                       | 4                                |
|               | Canditions, if ony, which gave  | (1)                      | SENIC                           | E YE            | BILIT              | V               |   |               | APD.                  | . IVR                            |
|               | rise ta immediate cause (a),<br>stating the underlying cause(             | . ,                      | A CONSEQUENCE OF                |                 | 100011             | 1               |   | -100          |                       |                                  |
|               | lost. 493   | (c)                      |                                 |                 |                    |                 |   |               | A WAL                 |                                  |
|               | PART 2. OTHER SIGNIFICANT CO  | NDITIONS CONTRIBUTION    | NG TO DEATH BUT NO              | OT RELATED TO T | HE TERMINAL DISEAS | SE OR CONDITIO  | ON GIVEN IN PART 1(o                            | )             |                       |                                  |
| 2             | GENERAL   | 1200                     | HRIET                           | 21050           | CEROS              | 15              |   |               |                       |                                  |
| CERTIFICATION | 190. DATE OF OPERATION 19b.   | CONDITION FOR WHICH      | H OPERATION WAS PEI             | RFORMED         | 20a. AUTOPSY?      |                 | 20b. IF YES, WERE FI                            | NDINGS CON    | NSIDERED IN CE        | RTIFYING                         |
| E             |   |                          |                                 |                 | YES 🗌              | NO 🔲            | CAUSES OF DEATH?                                |               |                       |                                  |
|               | 210. ACCIDENT WAS UNDERLYIN   |                          |                                 | 21c. HOW        | INJURY OCCURRED    | (Enter nature   | af injury in Part 1 o                           | r Part 2, Ite | em 18.)               |                                  |
| MEDICAL       | OR CONTRIBUTING CAUSE OF DEA  |                          | Month Day Year                  |                 |                    |                 |   |               |                       |                                  |
| MEC           | 21d. INJURY OCCURRED 21e.   | PLACE OF INJURY /A       | T HOME, FARM, STREET, FAC       |                 | TION Street or R.F | D. No.          | City or Town                                    |               | County                | State                            |
|               | While Not while at work at work   | (0                       | OFFICE BUILDING, ETC.           | /               |                    |                 |   |               |                       |                                  |
|               | 220. I certify that (1) (th   | nis hospital) atten      | ided the deceose                | ed from 7       | -20-               | 19 67           | ta_1-15-  |               | aR, that              | (I) ( las                        |
|               | saw the deceased a  | live an                  | 15-                             | 9 60, and       | thot in (my) (     | popinion o      | deoth occurred or                               | the date      | e and hour            | ond from the                     |
| 9             | causes stated obav  | e, (I) (346) (did) (e    | <del>lid not</del> ) view the l | body offer de   | oth.               |                 |   | 1             |                       |                                  |
|               | 22b. SIGNATURE  | Tokan                    | is m1                           | DEGREE          | ATTENDING PHYS.    | MED.            | STAFF D   | man A         | ATE SIGNED            | 8                                |
|               | 22d. PHYSICIAN'S<br>NAME (Type) PD(A)                                     | 100 11                   | JUIS -                          | inn             | 22e, ADDRESS       | 1 0             | DARRI   | DGE           | = 0/                  | 20                               |
|               |   | TICD CC                  | -000-                           | , in            | 10001              | , .,            | 4110011   | 146           | 1                     | 1) /                             |
| 23a.          | BURIAL, (REMATION, REMOVAL (Specify)                                      | DATE / 68                |                                 | CEMETERY OR CE  |                    | 23d.            | LOCATION (City or To                            | wn)           | (County)              | (State)                          |
| 24            | FUNERAL DIRECTOR  | 10/60                    | ADDRESS                         | po G            | 250. F             | SECID BY DECIS  | TRAR - 25h OF                                   | SA HAR'S      | GNATURE -             | md                               |
| 24.           | 1 3 and 5 A   | 10h. Do                  | (D) (D)                         | 1 1             | d                  | AN 18           | 1968  | receive.      | A June                |                                  |
| 19            | LOUSY N   | AKSWY.                   | N COM                           | or n            | DAM                |                 | W.  |               |                       |                                  |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in-by-the talgectar, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers, Pages should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00862 00861 CERTIFICATE OF DEATH MIRIAM 1. DECEASED-NAME Middle Lost 2o. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death. (Type or print) physician and completely filled in by the funera en please remove carbon papers. Poges T and oval, and in ony event, within 72 hours oft<u>er do</u>d 12:20 PM 3. SEX 4. RACE 5 DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR lastoinhday) 9 COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED MEVER MARRIED country) M ORCHESTER WIDOWED [ DIVORCED 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of warking life, even if retired.) HURLOCK 13a. USUAL RESIDENCE (Where deceased lived, it institution; Residence before 113c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b (COUNTY R) YES NO 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First DAM. CHERTINE 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no gr unknown) (II yes give war or dates of service) MRS. GILBERT HIGNAT APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Cardiar D-compensation Wk buriol-transit permit burial, cremation, or IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Arterioslroto Heart Disease 10 yrs Conditions, if any, which gave ) rise to immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital or attending physician. stating the underlying cause Garelized Hyprtensibe Aterioscleroissz 10vrs PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) intesmal Obstruction prior to Mid O FUNERAL DIRECTOR: After this certificate has been the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 00 CAUSES OF DEATH? YES 🗍 NO I 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year Stote Dept. of (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Ng. State City or Town County While Nat while at work 22a. I **certify** that (I) (this haspital) attended the deceased fram 7/5/69, 19-saw the deceased alive an 1/19/68 19, and that in (my) (aur) as \_, and that in (my) (aur) apinian death accurred an the date and hour and from the director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did nat) view the body after death. 22b SIGNATUR 22c. DATE SIGNED **ATTENDING** STAFF /YIM DEGREE PHYS DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S B.Plummer M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23g. BURIAL CREMATION (County) (State) REMOVAL (Specify)

ADDRESS

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DATE JAN 26 1968

VR A15 (4) 30M REV, 1/68 24. FUNERAL DIRECTOR

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00862

|                     | ASED-NAME<br>e or print)  | First                                 | VON                                     | Middle<br>F.  |         | THOMAS                          | 2a. DAT      | E OF DEATH  Month  Day                               | 1968                                 | 24 HOUR 4505                      |
|---------------------|---|---------------------------------------|---|---|---------|---------------------------------|--------------|--|--------------------------------------|-----------------------------------|
| 3. SEX              | Male  |                                       | 4. RACE                                 | hite  |         | S. DATE OF BIRTH April 30,      | 1887         | 6. AGE (In years<br>80 bulbday)<br>YRS.              | IF UNDER 1 YEAR                      | IF UNDER 24 HRS.<br>HOURS MIN.    |
| 7o. BIR1            | THPLACE (Stote  |                                       | 7b. CITIZEN OF WH                       |   |         | NEVER MARRIED DIVORCED DIVORCED |              | orchester  |                                      | M                                 |
| C                   | OR TOWN OF  | ze .                                  | cive s<br>Ca                            | AME OF HOSPITAL OR INS<br>street oddress)<br>moriage Ma | . He    | spital during                   | Inspec       | TION (Kind of wark dane king life, even if retired.) | 12b. KIND OF B<br>INDUSTRY M<br>Tide | Fish.                             |
| 13o. US<br>admissio | ual residence<br>on) STATE Me   | (Where decease                        | d lived, if instituti<br>13b. COUNTY    | on: Residence before                                    |         | Y OR TOWN 13d. INSIDE CI        |              | e. STREET AND NUMBER                                 | Avenue                               |                                   |
| 14. FATI            | HER'S NAME  | First Thomas                          | Middle<br><b>J</b> .                    | Lost  | as      |                                 | Sarah        | Middle ?   | Dai                                  |                                   |
| 160. W              | na or unknawn   | /ER IN U.S. ARME<br>) (If yes give wo | D FORCES?                               | 216-30-63   |         | Mrs. Vernon F                   | . Thom       | as, Cambrid  | ge, Mary                             | land                              |
| 18                  |   | EATH (Enter anly<br>TH WAS CAUSED     | ane cause per lir<br>BY:<br>E CAUSE (a) | e far (a), (b), and (c).                                |         | rascular                        | Acci         | dont   |                                      | ATE INTERVAL SET AND GEATH  CLY , |
| ris<br>st           | Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  |                                       |   |   |         |                                 |              |  |                                      |                                   |
|                     | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)  |                                       |   |   |         |                                 |              |  |                                      |                                   |
| CERTIFICATION<br>12 | O. DATE OF OPE  | RATION 19b. C                         | ONDITION FOR WH                         | ICH OPERATION WAS PE                                    | RFORMED | 7.3                             |              | ob. IF YES, WERE FINDINGS C<br>AUSES OF DEATH?       | ONSIDERED IN CER                     | RTIFYING                          |
| DIG LI              | 21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.)   Great   HOUR A.M. Month Day Year   P.M.   19   |                                       |   |   |         |                                 |              |  |                                      |                                   |
| v                   | 21d. INJURY OCCURRED While at work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City or Town County State  12e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City or Town County State  12e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City or Town County State  12e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City or Town County State  12e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City or Town County State  12e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City or Town County State  12e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION STREET OR TOWN COUNTY STATE OF TOWN COUNTY |                                       |   |   |         |                                 |              |  |                                      |                                   |
| 2                   | 22a. I certify that (I) (this haspital) attended the deceased fram  |                                       |   |   |         |                                 |              |  |                                      |                                   |
|                     | 226. SIGNATURE)  Caureline Mary and DEGREE PHYS.  ATTENDING MED.  DIRECTOR |                                       |   |   |         |                                 |              |  |                                      |                                   |
| 22                  | 2d. PHYSICIAŇ'S<br>NAME (Type   | LJWI                                  | rence                                   |   | 240     | 22e. ADDRESS 6                  | 10 13        | age My   | /                                    |                                   |
| B                   | URIAL, CREMATI<br>EMOVAL (Specify   | Jan                                   | ATE<br>12 196                           | 8 Christ  | Epi     | OR CREMATORY  Scopal Cemete     | ery C        | CATION (City or Town) Cambridge, Ma                  | (County)                             | (Stote)                           |
|                     | Compte  |                                       | L Servic                                | e, Cambrid  |         |                                 | D BY REGISTR |  | SIGNATURE                            | 100                               |

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician ond completely filled in by the Tuneral director, page 3 should be detached for use as the burial-tronsit permit. Then please remove carbon papers. Pages Land should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours biter deathers.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

|  |      |               | 110003  |  | CERTIFICATE OF DEAT                | II.                            | 00000  |
|--|------|---------------|---|--|------------------------------------|--------------------------------|--|
| THE WE   |      |               | CEASED-NAME First   | Middle   | Last                               | 2a. DATE OF DEATH              | 2b. HOUR   |
| The state of the s |      | (1            | (pe or print) Dell  | a GRACE  | Tilahman                           | Manth                          | 14 Doy 68 Year 11-A  |
|  |      | 3. SE         |   | 4 RACE   | S. DATE OF BIRTH                   | 6. AGE (li                     | N years IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN   |
| n by he had so hours after   | - 11 |               | temale  | White  | 10-01-9                            | o last birt                    | YRS. MONTHS DAYS HOURS MIN   |
| 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  |      | 7a. E         | IRTHPLACE (State or foreign                                       | 7b. CITIZEN OF WHAT COUNTRY?   | B. MARRIED NEVER MARRIED           | 9. COUNTY OF DEATH             |  |
|  |      | COU           | houland   | U.S.A.   | WIDOWED DIVORCED                   | Dorche:                        | ster M   |
| E 2 E  |      | 10. 0         | TY OR TOWN OF OEATH   | 11. NAME OF HOSPITAL OR IN   |                                    | USUAL OCCUPATION (Kind of v    |  |
| with voin  | 13   | 10            | ambridge  | Fastern She  | ore State Hospillin                | g most of warking life, even   | refired.)  |
| ed olet  |      |               |   | d lived, if institution: Residence before                            | 13c. CITY OR TOWN 13d. INSIDE      | TY LIMITS?   13e. STREET AND ! | NUMBER Mernitt Mill Rd   |
| res that the death certificate be executed within sician.  ed by the attending physician and completely fill altransit permit. Then please remave carban polycemation arremayal and in any event, within   | 22   |               | pion) STATE and   | 13b. COUNTY comico   | Salisbury YES X                    | NO DONALINA                    | CALLARA MAGAMA   |
| and c  | 1    | 14. 1         | ATHER'S NAME First  | Middle Last  | 15. MOTHER'S MAIDEN NAM            | AE First                       | Middle Last  |
| n al   |      |               | William   |  |                                    |                                | Jane Harvey  |
| sicia  | 5    |               | WAS DECEASED EVER IN U.S. ARMI                                    | and detected and and and   | NO. 17. INFORMANTMY KIRO           | bert Tilghman                  | (Address - spn)  |
| rtificate b<br>physician<br>en please<br>aval. and i   |      |               | 0   | 214-10-819   | (1) eastern ano                    | re thate Hos                   | p. Campriage, IIIa   |
| ne death certifi<br>attending phy<br>permit. Then  |      |               | 1B. CAUSE OF DEATH (Enter only<br>PART 1, DEATH WAS CAUSED        | ane cause per line for (a), (b), and (c)                             | 1 - 4                              | Hill Marylan                   | GETWEEN ONSET AND DEATH  |
| attendi<br>permit.   |      |               |   | E CAUSE (a) BILATE   | KHL PIVEU                          | MONIA                          | 7 DAYS-  |
| that the d<br>an.<br>by the attransit perr   |      |               | 406 X   | DUE TO, OR AS A CONSEQUENCE OF                                       |                                    |                                |  |
| the<br>the<br>risit  |      |               | Conditions, if ony, which gove is to immediate cause (a),         | (b)  |                                    |                                | -  |
| physician. signed by the burial-transit  |      | 13            | stating the underlying cause                                      | DUE TO, OR AS A CONSEQUENCE OF                                       |                                    |                                |  |
| physic<br>signed<br>burial-  | 2    |               | DART O CTUEN SIGNATURA SON  | (c)  | OT DELATED TO THE TERMINAL DISEASE | OD CONDITION COVEN IN DART     | 1/-1   |
|  |      |               | CIAAA WALAA   | DITIONS CONTRIBUTING TO DEATH BUT N                                  | A A A                              | SCENOSIS                       | I(d)   |
| ding<br>ding<br>the  | 5    | NO            | 190. DATE OF OPERATION 19b. C                                     | ONDITION FOR WHICH OPERATION WAS PE                                  |                                    |                                | FINDINGS CONSIDERED IN CERTIFYING  |
| tten<br>as b<br>as   | E V  | CERTIFICATION | 170. DATE OF OPERATION 176. C                                     | ONDITION FOR WHICH OF EXAMON WAS FE                                  |                                    | CAUSES OF DEATH                |  |
| or a property of | ^    | ERTI          | 21 a. ACCIDENT WAS UNDERLYING                                     | 21b. TIME OF INJURY  | 21c. HOW INJURY OCCURRED (         |                                | or Part 2 Item IR)   |
| IAN<br>ficat<br>far<br>far<br>far  |      |               | OR CONTRIBUTING CAUSE OF DEATH                                    | HOUR A.M. Month Doy Year   |                                    | ciner narore ar injusy in rais | or run 2, new rb.,   |
| SIC Ispit  | 5    | MEDICAL       | (If either, natify medical exomine<br>21d. INJURY OCCURRED 21e. I |  |                                    | . No. City or Town             | County State   |
| PHYSIC  This certi  etached  Dept a  | 2    |               | THING   HOLL WILLIAM  | PLACE OF INJURY ( AT HOME, FARM, STREET, FA<br>OFFICE BUILDING, ETC. | The cocation street of Kitts       | . no.                          | No. of the Control of |
| er the   | 5    |               | 220   certify that 15 (this                                       | s hospital) attended the deceas                                      | ed from 9-19-1                     | 967. to 1-14-                  | - 19 68 , that (I) (WP) la   |
| d b d b  | 5    |               | saw the deceased ali  | ve on 1-14-  | 1968, and that in (my) ( )         | apinian death accurred         | on the date and hour ond from th   |
| OR:  |      |               | causes stated above,  | (I) (we) (did) (did nat) view the                                    | bady after death.                  |                                |  |
| retreet 3 st   |      |               | 22b. SIGNATURE  | No I MID   | ATTENDING                          | MED. DIRECTOR DIRECTOR PHYS.   | 22c. DATE SIGNED   |
| be be  |      |               | 22d. PHYSICIAN'S  | orgun MID  | DEGREE PHYS. 22e. ADDRESS          | DIRECTOR PHYS.                 | 9-1-19-60  |
| RAL Po   | 3 /  |               | NAME (Type) EDWA  | OD LEWIS )   | R. MD FSSH                         | CAMBRIDE                       | SE MD.   |
| Page 4 may be re   | 0    | 230           | BURIAL, CREMATION, 23b. D   | ATE 23c NAME OF  | CEMETERY OR CREMATORY              | 23d. LOCATION (City ar         | Tawn) (County) (Stote)   |
| Page direct  | e K  | 230.          | REMOVAL (Specify) Burial Jan                                      | 4-40 -   |                                    | Salisbury,                     |  |
| 1  | d    | 24.           | FLINEPAL DIRECTOR   | ADDRESS  | 250 REC                            | D BY REGISTRAR 25b.            | REGISTRAR'S SIGNATURE  |
| VR AT  | 68   |               | HOLLOWAY & COM  | MPANY, SALISBURY,  | MARYLAND                           | IAN 19 1968                    | ymarles justin   |

| EB-90 |                    |         | 4-14-14-14-14-14-14-14-14-14-14-14-14-14 |   |
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|       | Element Assessment |         | Land Section 1                           |   |
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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00864

|    |  | CEASED-NAME First Middle Property To Prope | ollivee 20.                     | DATE OF DEATH Month Doy 2                           | Yeor 68 2b. HOUR-                                  |  |  |  |  |
|----|--|--|---------------------------------|---|--|--|--|--|--|
|    | 3. SE  | X 4. RACE  | S. DATE OF BIRTH                | 0: 1102 (111 )0013                                  | UNOER I YEAR IF UNOER 24 HRS. INTHS DAYS HOURS MIN |  |  |  |  |
|    | 7  | MAle Quegeo  | 7-11-87                         | INTY-OF DEATH                                       | 721  |  |  |  |  |
|    | COUL   | IRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY?  TY)  THE WILDOWED [ WIDOWED [  | THE TER IMPARKIED               | LORCHESTE   | - P H4   |  |  |  |  |
|    | 10. 5  | ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If no  | ot in hospitol 120. USUAL OCCU  | UPATION (Kind of work done                          | 12b. KIND OF BUSINESS OR                           |  |  |  |  |
| 13 | (  | Ambridge givestreet address) Store S   |                                 |   | LUMBER   |  |  |  |  |
| 20 | 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER |  |                                 |   |  |  |  |  |  |
| 2  | 14. F  |  | MOTHER'S MAIDEN NAME First      | Middle  | Lost   |  |  |  |  |
|    | 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT . Address  |  |                                 |   |  |  |  |  |  |
|    | Y  | es, no strunknown) (It yes give war or doles at service) 215-20-0016A.   |                                 | Hiver ST.   | Michaels Ad  |  |  |  |  |
|    |  | 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  |                                 |   | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH    |  |  |  |  |
|    |  | PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  |                                 |   |  |  |  |  |  |
| 23 |  | 5 DAY  |                                 |   |  |  |  |  |  |
| W  |  | stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF  | ILURE ABCES                     |   | IWK  |  |  |  |  |
| 40 |  | - 1/2 %  | ON CIVEN IN DADT 1/a)           | 7 8 12  |  |  |  |  |  |
| 19 | 2  | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  GENERALIZED SEVERE ARTERIOSCLEROSIS  |                                 |   |  |  |  |  |  |
| V  | TIFICATION   | 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  | 20a. AUTOPSY? YES NO NO         | 20b. IF YES, WERE FINDINGS CONS<br>CAUSES OF DEATH? | SIDERED IN CERTIFYING                              |  |  |  |  |
| ^  | EDICAL CER   | OR CONTRIBUTING CAUSE OF DEATH CITY or CONTRIBUTING CAUSE OF DEATH CITY or CAUSE OF DEATH CAUSE  | W INJURY OCCURRED (Enter noture | e of injury in Port 1 or Port 2, Item               | n 18.)   |  |  |  |  |
|    | WE   | 21d. INJURY OCCURRED While Of work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LO  |                                 |   | County State                                       |  |  |  |  |
|    |  | 22a. I certify that (I) (this haspital) attended the deceased from   |                                 |   |  |  |  |  |  |
|    |  | 226. SIGNATURI  Lean y Xlloron Motoree PHYS. ATTENDING MED. STAFF DIRECTOR  |                                 |   |  |  |  |  |  |
| 1  |  | 22d. PHYSICIAN'S NAME (Type) SEAN M. KILLORAN  | 22e. ADDRESS 34                 | LAIR RD, W  | JASHINGTON DC                                      |  |  |  |  |
| 0  | 230  | PURISD, CREMATION, 235 DATE 23C. NAME OF CEMETERY OR REMOVAL SPECIFICAL SPACE THOMAS /   | REMORIAL S                      | LOCATION (City or Town) TMICHAELS                   | (County) (Stote)                                   |  |  |  |  |
|    | 24.  | FUNERAL DIRECTOR ADDRESS   | 250. REC'D BY REGI              | STRAR 25b. REGISTRAR'S SIG                          | GNATURE CL   |  |  |  |  |

death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha<u>urs.</u> TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hs Page 4 may be retained by the haspital ar attending physician. VR A15

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MARYLAND STATE DEPARTMENT OF HEALTH

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

|               | 4,000                                  | E CUM I  |   |  | <b>ERTIFIC</b> | ATE OF DEATI                                | H                          |   |                  | 0086                                | 6                               |
|---------------|--|--|---|--|----------------|---|----------------------------|---|------------------|-------------------------------------|---------------------------------|
|               | DECEASED-NAME                          | First  |   | Middle                                 |                | Last  | 2a. D                      | ATE OF DEATH  | A ide            | - N (-                              | 2b. HOUR                        |
|               | (Type ar print)                        | Hei  | RAMA  | D.                                     | 1              | len)  | J                          | Tan. Month  | 2700y            | 19 Year 68                          | 435                             |
| 3.            | SEX MA                                 | / e  | 4. RACE Whi   | 'te                                    |                | S. DATE OF BIRTH 9/1                        | 4/188<br>XXX               | last birth  | years<br>nday) A | IF UNDER 1 YEAR MONTHS DAYS         | IF UNDER 24 HRS.<br>HOURS MIN   |
| (0            | BIRTHPLACE (State untry)               | land   | b. CITIZEN OF WHAT                                  | A.                                     | WIDOWED [      |   | D                          | or the  | 81<br>ster       | ,                                   | M                               |
| (             | CITY OR TOWN OF                        | ridge  | give stre   | of Hospital or Ins                     | 16 A           | ate Hosp during                             | g most of w                | PATION (Kind af w<br>arking life, even il<br>13 11<br>13e. STREET AND N | f retired.)      | 12b. KIND OF B<br>INDUSTRY<br>Seafo |                                 |
| ad            | mission) STATE                         | Maryon   | lived, if institution                               | merset                                 | Tyler          | tonal YES                                   | NO 🔀                       | TO SIKEEL AND N   | ton 1            | nd.                                 | 1-4                             |
|               | . FATHER'S NAME                        | First /<br>Edward                                      | Middle<br>P.  | Tyler                                  |                | . MOTHÉR'S MAIDEN NAM                       | Mage                       | gie   | Middle           | Bradsh                              | lost<br>a W                     |
| 16            | a. WAS DECEASED E<br>Yes na, ar unknaw | VER IN U.S. ARME<br>n) (If yes give wor                | or dotes of sequent                                 | b. social security n<br>218–16–93      | The same of    | NFORMANT<br>Destern St                      | lore                       | State Ho.   | Address Sp C     | ambrio                              | lac Md.                         |
|               | PART I. DE                             | ATH WAS CAUSED IMMEDIAT  Y, which gave atte cause (a), | DUE TO, OR AS (b)                                   | FOR EUM (c).)  PNEUM  A CONSEQUENCE OF |                |   |                            |   |                  | BETWEEN ON                          | iaté intérval<br>iset and géath |
| -             | PART 2. OTHER                          | SIGNIFICANT COND                                       | _   | G TO DEATH BUT NO                      |                | THE TERMINAL DISEASE                        | OR CONDITIO                | ON GIVEN IN PART 1  | I(a)             |                                     |                                 |
| CEDTIESCATION | 19a. DATE OF OPI                       |  | ONDITION FOR WHICH                                  |  |                | 20a. AUTOPSY?                               |                            | 20b. IF YES, WERE<br>CAUSES OF DEATH?                                   |                  | NSIDERED IN CEI                     | RTIFYING                        |
| MEDICAL CE    | or contribution                        | WAS UNDERLYING  G CAUSE OF GEATH  medical examine      | HOUR A.M.<br>P.M.                                   | Manth Day Year                         |                | OW INJURY OCCURRED (I                       |                            | of injury in Part 1   | or Part 2, It    | em 1B.)                             | . 75                            |
| 144           | While Nat                              | vork   |   |  |                | CATION Street ar R.F.D.                     |                            | City or Town  |                  | Caunty                              | State                           |
| 1             | sow the                                | deceased ali   | haspital) attended<br>ve onJAA<br>(I) (we) (did) (d | 1 3-1                                  | 9_6_X, an      | TAN みん, 1<br>d that in (my) (our)<br>death. | 9 <u>6</u> 8,<br>opinion d | eoth occurred   | on the dot       | e ond hour d                        | (I) (we) la<br>ind fram th      |
|               | 22b. SIGNATURE                         | ear?   | m Wil   | loran                                  | Mega           | ATTENDING PHYS. 22e. ADDRESS                | MED.<br>DIRECTOR           | STAFF PHYS.   |                  | ATE SIGNED AN 27                    | 1968                            |
|               | 22d. PHYSICIAN<br>NAME (Typ            | e) SEA   |   |  |                | 7415 134                                    |                            | RO, WA  |                  |                                     | 0,0                             |
|               | REMOVAL Speci                          | fy)  | 130/68  | 23c. NAME OF                           | 0              | netary                                      | 7                          | LOCATION (City or   | U, m             | W. S                                | (State)                         |
| 2             | Leven                                  | R.Wil  | son) J  | ADDRESS<br>TUNCESS                     | anna           | Md.   2Sa. REC                              | B REGIS                    | 2 1968  | REGISTRAR'S S    | SIGNATURIE                          | ge.                             |

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban-papers. Pages shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours.

death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00863

#### CERTIFICATE OF DEATH

00867

|               |   | CERTIFICATE                    | or beating  |   |   |
|---------------|---|--------------------------------|---|---|---|
|               | PLACE OF DEATH a. COUNTY Dorchester   | MARYLAND                       | I CTATE   | Where deceased lived, if institution b. COUNT                   | n: Residence befare admission)<br>Dorchester        |
|               | b. CITY OR TOWN (If autside carparate limits, write RURAL and divergerent town)                                     | c LENGTH OF STAY IN 16  3 Days |   | tside carparate limits, write RURA                              | L and give nearest tawn)                            |
|               | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g<br>Cambridge-Maryland Ho                                  |                                | d. STREET ADDRESS 215                                     | Somerset Ave  | e. IS RESIDENCE<br>ON A FARM?<br>YES NO             |
|               | NAME OF First DECEASED (Type or print) Cecelia  | Middle<br>Tolley               | Vickers   | 4. DATE Month OF DEATH January                                  |   |
| S.            | SEX 6. COLOR OR RACE 7. MARRIED WIDOWED   |                                | B. DATE OF BIRTH<br>April 13, J                           | last hirthday)  | Manths Days Haurs Min.                              |
| dur           | ing most of working life, even if retired) Sears, Mail Order Dept.  | ND OF BUSINESS OR<br>DUSTRY    | Fishing   | & State, ar fareign country)  Creek                             | 12. CITIZEN OF WHAT COUNTRY?                        |
|               | Andrew Tolley   |                                | 14. MOTHER'S MAIDEN N                                     | ooze  |   |
|               | es, na, ar unknawn) (If yes give war ar dates af service)   | 1-03-7291 B                    | nformant<br>radford A                                     | .Vickers,Jr.  | 15 Somerset Av.                                     |
|               | I I M ME I DIE TO   | emoma o                        |   | r with  | 2 Years   |
| ATION         | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO   | O DEATH BUT NOT RELATED TO 1   | THE TERMINAL DISEASE CON                                  | IDITION GIVEN IN PART 1(a)                                      | 19. WAS AUTOPSY PERFORMED? YES NO                   |
| CERTIFICATION | 20o. ACCIDENT WAS UNDERLYING ☐ 20b. DES<br>OR CONTRIBUTING ☐ CAUSE OF DEATH<br>(IF EITHER, NOTIFY MEDICAL EXAMINER) | SCRIBE HOW INJURY OCCURRED.    | (Enter nature of injury in I                              | Part I ar Part II af item 1B.)                                  |   |
| MEDICAL       | 20c. TIME OF INJURY Manth, Day, Year<br>Haur' a.m. 29 While<br>p.m. 19 at wark                                      | Nat While fact                 | CE OF INJURY (Hame, farm ary, street, affice bldg., etc.) |   | (Caunty) (State)                                    |
|               | 21. I certify that (I) (this haspital) attends saw the deceased alive an Jan  | led the deceased fram          | death accurred at   | 96 , ta Jan 9<br>M,•fram causes at                              | nd an the date stated abave.                        |
|               | 220. SIGNATURE  Our m Surd  22c. PHISCIAN'S   | lette M.                       | ATTENDING -   | MED. STAFF DIRECTOR PHYS.                                       | 22b. DATE SIGNED                                    |
| 02.           | NAME (Type) Chispubu  | PACE TO SERVICE OF CEMETERY OR | A Aurova  | St, Counts  | nidge, M.   |
| 230           | a. BURIAL CREMATION, REMOVAL CREMITON, Jan. 11, 196   | 1-                             | r Memorial  | 23d. LOCATION (City or Town L Park, Cambo BY REGISTRAR 2Sb. REG | n) (Country) (State)  ridge, Md  ISTRAR'S SIGNATURE |
| 10            | JUNETON DIRECTOR  | Cambridge                      |   |   | Charles Judge                                       |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 7 shauld be filed with the State Dept. af Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after death VR A15 (4) 25M 1/67

F3800 20 Z/3808 A STANDARD CASE OF A LOCAL PROPERTY CONTRACTOR OF A STANDARD CONTRACTOR the latest death the latest aremond fund with me as ases 2 years Jang of JAMS ET JAMG 68 Level of berdelle 1stagle Lewisty Burdite Afferda St. Combridge, 1888. all a scientians a second bit on a train section in the second THE RESERVE OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00869 00868CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR haurs after death (Type or print) 3. SEX S. DATE OF BIRTH IF UNGER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years lost birthdoy) HOURS 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED signed by the attending physician and campletely filled int burial-tronsit permit. Then please remave carban papers WIDOWED | DIVORCED [ PHYSICIAN: The law requires that the death certificate be executed within 24 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE NO X XX and in any 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Lost / Middle RISCOE KENA 300 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no, or unknown) (If yes give war ar dates of service) 215-38-1355 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CONGESTIVE HEART FAILURE HRS IMMEDIATE CAUSE (a) \_\_ crematian, DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove ) 2 DAYS PNEUMONIA burial-tronsit rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF attending physician. stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ARTERIOSCLEROSIS. GENERALIZED 'O FUNERAL DIRECTOR: After this certificate has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ the haspital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) detached far u OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Manth Doy Year (If either, natify medical exominer) P.M. 21d. INJURY OCCURRED 21e, PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while at work 22a. I **certify** that (I) (this haspital) attended the deceased fram JAN 6, 19 68 to JAN 7, 19 68, that (I) (we) last saw the deceased alive an JAN 7(8) 9 68, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING directar, page 3 should be filed v DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) SEAN KILLORAN 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 30M REV.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00870 CERTIFICATE OF DEATH 00869 . DECEASED-NAME Middle 2a. DATE OF DEATH death (Type or print) 3. SEX law requires that the death certificate be executed within 24 haurs after S. DATE OF BIRTH 6. AGE (In year! IF WNDER 1 YEAR IF UNDER 24 HRS lost birthe MONTHS DAYS HOURS physician and campletely filled in by non please remave carban papers. Playal, and in any event, within 72 haur 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED D DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done during most of working life, even if fetired) INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY XX 14. FATHER'S NAME Middle Middle 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, ar unknown) remaval signed by the attending phy 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: P IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave t rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO 🗌 use 0 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County

12b. KIND OF BUSINESS OR XX APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TO FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING Page 4 may be retained by the haspital detached State While Nat while at work 1968, to 1-12 22a. I certify that (I) (this haspital) attended the deceased from. saw the deceased alive an-\_1866, and that in (my) (aur) apinian death accurred an the date and havr and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE DIRECTOR PHYS. PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) directar, shauld b 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) CRFICLD 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 30M REV. 1/8 DATE

2b. HOUR

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W.

| PRESTON STREET, BALTIN | NORE, MARTLAND ZIZUI |   |
|------------------------|----------------------|---|
| ICATE OF DEATH         | 0087                 | 7 |

|   |               |   |  | C  | ERTIFIC      | ATE OF DEA                 | TH              |   |                            | 0001                       | U                             |
|---|---------------|---|--|--|--------------|----------------------------|-----------------|---|----------------------------|----------------------------|-------------------------------|
|   |               | CEASED-NAME First<br>ype or print) LILLIAN  | FLORENC  | Middle<br>E WHEAT                                      |              | Last                       |                 | DATE OF DEATH Month NUARY 23,                     | 1968                       | Yeor                       | 2b. HOUR<br>9 A •M            |
|   | 3. SEX        | EMALE   | 4. RACE<br>WHITE   |  |              | 5. DATE OF BIRTH 7/17/95   |                 | 6. AGE (In year                                   |                            | UNDER 1 YEAR NTHS DAYS     | HOURS MIN.                    |
|   | 7o. B         | IRTHPLACE (State ar foreign try) MARYLAND   |  | .s.  | WIDOWED [    |                            | Do              | NTY OF DEATH<br>R C HE STER                       |                            |                            | Md.                           |
| 3 | R             | ITY OR TOWN OF DEATH URAL CAMBRIDGE   | give s<br>E.A.S  | ME OF HOSPITAL OR INST<br>treet oddress)<br>TERN SHORE | STATE        | HOSP.                      | ing most of v   | JPATION (Kind of work<br>warking life, even if re | tired.)                    | 12b. KIND OF E<br>INDUSTRY | BUSINESS OR                   |
| 4 |               | USUAL RESIDENCE (Where deceased ssion) STATE MD.  | lived, if institut<br>13b. COUNTY                                      | KENT   | MILL I       |                            | NO .            | 13e. STREET AND NUM                               | ××                         |                            |                               |
| 2 | 14. F         | ATHER'S NAME First WALLACE WHEAT  | Middle   | Last   | 15.          | MOTHER'S MAIDEN N          | AME First       | 3 wi  | ddle                       |                            | Lost                          |
|   | 16a.<br>Y     | WAS DECEASED EVER IN U.S. ARME<br>es, na, ar unknawn) (If yes give wor  | D FORCES?<br>or dates of service)                                      | 16b. SOCIAL SECURITY NO                                |              | HO SPITAL                  | RE COR          |   | dress                      |                            | NATE INTERVAL                 |
|   | NOI           | Conditions, if any, which gove nise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT COND      | BY: E CAUSE (a)  DUE TO, OR A  (b)  DUE TO, OR A  (c)  ITIONS CONTRIBU | AS A CONSEQUENCE OF                                    | T RELATED TO | THE TERMINAL DISEAS        |                 | ON GIVEN IN PART 1(o)                             |                            | 90                         | SET AND DEATH  LAYS.          |
| 2 | CERTIFICATION |   |  |  |              | YES 🗌                      | NO 🔀            | CAUSES OF DEATH?                                  |                            |                            | KIII TINO                     |
|   | MEDICAL CI    | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical exomine 21d. INJURY OCCURRED While Nat while | HOUR A.M.<br>P.M.  |  |              |                            |                 | e of injury in Part 1 ar<br>City or Town          |                            | County                     | State                         |
|   |               | at work or work  220. I certify that (I) (this sow the deceased ali couses stated above,  22b. SIGNATURE                            | ve on 1  | /23 19   | 68, one      | thot in (my) (ou<br>leoth. | r) opinion      | deoth occurred on                                 | the dote                   | 68, that ond hour o        | (I) (we) lost<br>and from the |
| 1 |               | 22d. PHYSICIAN'S<br>NAME (Type)   | elai   | 1  | DEGR         | 22e. ADDRESS               | MED.<br>DIRECTO | GE MA   |                            | 23/6<br>AND                | ; §                           |
| 1 |               | BURIAL CREMATION, 23b. D. REMOVAL (Specify)  FUNDERAL DIRECTOR  | AN. 2  | 23c. NAME OF C<br>VES<br>ADDRESS                       | /            | CHAPE                      | CEC'D BY PEG    | STRAR 25b. REG                                    | yn)<br>ALL<br>ISTRAR'S SIG | (County)<br>Ken<br>GNATURE | (Stote) Mo                    |
| 3 | a             | agard Lan   | Chu  | reh fill   | 11/1         | nd DATE                    | 41V 3 U         | 1300  |                            | 00                         |                               |

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the f director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban pages should be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, withha 72 hours (te VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTI

| OF DEATH | 00871 |
|----------|-------|
|          | <br>  |

| 1. DECEASED-NAME<br>(Type ar print)                       | First<br>HOW                              | ARD                               | Middle T.  | WHE                      | Last<br>TLEY        |                        | 2a. DATE O                   | Month 22  | 1968                             | 2b. HOUR                          |
|---|---|-----------------------------------|--|--------------------------|---------------------|------------------------|------------------------------|---|----------------------------------|-----------------------------------|
| 3. SEX Male   |   | 4. RACE                           | White  |                          | S. DATE OF 1        | 29, 190                | 08                           | 6. AGE (In years<br>last birthday)<br>YRS.        | IF UNDER 1 YEAR MONTHS DAYS      | IF UNDER 24 HRS.<br>HOURS MIN     |
| ra. BIRTHPLACE (State country) Maryls                     | or foreign<br>and                         |                                   | DE WHAT COUNTRY?   | 8. MARRIED<br>WIDOWED    | NEVER MA            | RRIED A                | COUNTY O                     | rchester  |                                  | Md                                |
| O. CITY OR TOWN OF D<br>Hurlock                           | DEATH                                     |                                   | 11. NAME OF HOSPITAL OR I                                      | Nursi                    | ng Hm.              |                        | None<br>None                 | N (Kind of work dane<br>g life, even if retired.) | INDUSTRY                         | None                              |
| 3a. USUAL RESIDENCE Idmission) STATE                      | (Where deceas<br><b>Id</b>                |                                   | stitution: Residence before Norchester                         | e 13c. CITY OF           | ridge               | YES NO                 | 13e 1                        | TREET AND NUMBER 31 Race St                       | rest                             |                                   |
| 4. FATHER'S NAME  | First<br>Jabez                            | Midd                              | dle Last Wheat]  | .ey                      | 5. MOTHER'S A       | AAIDEN NAME FII        | ist<br>icy                   | Middle ?  | Mill                             | Last 3                            |
| Yes, no ar unknawn  | ER IN U.S. ARM                            | MED FORCES?                       | 16b. SOCIAL SECURIT  | Y NO.                    | INFORMANT<br>PS. Be | rtie Car               | nnon,                        | Cambridge,  | Maryla                           | nd                                |
| 1B. CAUSE OF DI<br>PART 1. DEAT                           | EATH (Enter on<br>TH WAS CAUSE<br>IMMEDIA | D BY:<br>ATE CAUSE (a)<br>DUE TO, | oer line for (a), (b), and (Influenze OR AS A CONSEQUENCE C    | ? Ty                     | pe                  |                        |                              |   | BETWEEN                          | GMATE INTERVAL<br>ONSET AND DEATH |
| canditians, if any rise to immedia stating the unde last. | te cause (a),<br>erlying cause            | (b)<br>DUE TO,<br>(c)             | Debility OR AS A CONSEQUENCE C Low grad TRIBUTING TO DEATH BUT | of<br>Le Mor             | on                  |                        |                              |   | e 63m                            |                                   |
| 19a. DATE OF OPER   | <   |                                   | R WHICH OPERATION WAS  |                          | 20a. AUT            | OPSY?                  | 20b.                         | IF YES, WERE FINDINGS<br>ES OF DEATH?             | CONSIDERED IN C                  | CERTIFYING                        |
| 21a. ACCIDENT W   | CAUSE DF DEA                              | rh HOUR                           | P.M.   | or<br>19                 |                     |                        |                              | ury in Part 1 ar Part 2,                          | , Item 1B.)                      |                                   |
| While Nat w   | hile 🗆                                    |                                   | URY (AT HOME, FARM, STREET,<br>OFFICE BUILDING, ETC.           |                          |                     |                        |                              | y ar Tawn   | Caunty                           | State                             |
| saw the   | deceased a                                | live on                           | ottended the deceded did) (did not) view th                    | _19, or                  | d'that in (r        | , 19<br>ny) (our) opir | , to_ <u>l</u><br>nion deoth | occurred on the d                                 | 9, tha<br>lote ond hour          | t (I) (we) las<br>and from the    |
| 22b. SIGNATURE<br>22d. PHYSICIAN'S<br>NAME (Type)         | Hara                                      | old B.                            | Plummer M  | DEG                      | 22e. AD             | DRESS                  | ED. RECTOR   158 P           | STAFF D 22c                                       | . DATE SIGNED  1/24/60  arylance | 8                                 |
| 23a. BURIAL, CREMATIC                                     | ON, 23b.                                  | DATE 25,                          | 1968 Dorche  | of CEMETERY OF<br>Ster M | CREMATORY           |                        | 23d. LOCAT                   | ION (City or Town) bridge, Ma                     | (County)                         | (State)                           |
| 24. FUNERAL DIRECTOR LeCompte                             | Funera.                                   | . Servi                           | ce, Cambrid  | ige, Ma                  | ryland              | DATE JA                |                              | 25b. REGISTRAR                                    | 'S SIGNATURE                     | udao                              |

deoth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after. Page 4 may be retained by the hospital or attending physician. hours at TO FUNERAL DIRECTOR: After this certificote has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, withing 2 h

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00872

| 1  |                |                                       |                |                                  |   |                |                     |                  |           |           |  |              |                |                   |         |
|----|----------------|---------------------------------------|----------------|----------------------------------|---|----------------|---------------------|------------------|-----------|-----------|--|--------------|----------------|-------------------|---------|
| i. |                | ASED-NAME<br>e ar print)              | First          |                                  | Middle  |                | Last                |                  | 20. 1     | DATE OF   |  | Day          | Voor           |                   | HOUR    |
| L  |                | or printy                             | Annie          |                                  | Elizabeth   | Wilki          |                     |                  |           |           | Jan.                                       | 26,1         |                |                   | AM      |
| 3. | SEX            | 77 7                                  |                | 4. RACE                          |   |                | S. DATE OF E        |                  |           |           | 6. AGE (In years last birthday)            | MONTHS       | ER I YEAR DAYS | IF UNDER<br>HOURS | 24 HRS. |
| L  |                | Female                                |                | Neg                              |   |                | 1 -                 | /1893            |           |           | 74 Y                                       | RS.          |                |                   |         |
|    | BIR's          | THPLACE (State or fo                  | oreign 7       | 7b. CITIZEN OF                   | WHAT COUNTRY?   |                | NEVER MA            |                  |           | NTY OF    |  |              |                |                   |         |
| L  | Do:            | rcheste:                              |                | USA                              | -   | WIDOWED        |                     | RCED 🔀           |           |           | hester                                     |              |                |                   | Mo      |
| 10 |                | OR TOWN OF DEAT                       |                |                                  | 1. NAME OF HOSPITAL OR IN<br>ive street address)<br>Cambridge |                |                     | during m         |           | varking l | (Kind of work dor<br>life, even if retired | I.) IND      | KIND OF DUSTRY | BUSINESS          | OR      |
| 13 | a. US          | UAL RESIDENCE (Wh                     | ere decease    |                                  | titutian: Residence befare                                    | /              |                     | 13d. INSIDE CITY |           |           | REET AND NUMBER                            |              |                |                   | 77      |
| a  | amissio        | on) STATE                             | land           | 13D SOTI                         | hester 🗸  | Cambi          | idge                | YES N            | 0 🗆       | 728       | Washin                                     | igtor        | ı St           | ree               | t       |
| 1  | 4. FATI        | HER'S NAME FI                         | rst            | Middl                            | e Last  | 1              | S. MOTHER'S N       | AIDEN NAME       | First     |           | Middle                                     |              |                | Last              |         |
| ı  | S              | amuel W:                              | ilkir          | ıs                               |   |                | Sara                | h Cl             | ash       |           |  |              |                |                   |         |
|    |                | AS DECEASED EVER I<br>na, ar unknawn) |                | D FORCES?<br>or dates of service | 16b. SOCIAL SECURITY<br>214-07-7                              |                | INFORMANT<br>Sa.mii | el Wi            | lki       | ns.       | Address<br>Jr.728                          | Camb         | orid           | ge,               | Md      |
| F  | 10             | CAUSE OF DEATH                        | I (Catan call  |                                  |   |                | 7001110             | 04               |           |           | 010120                                     | 1            | APPROXII       | MATE INTERV       | VAL     |
| L  | 18             | PART I. DEATH V                       | VAS CAUSED     | BY:                              | er line far (1), (b), and (c)                                 | •              |                     | 1.               | 1         |           | Lavian                                     |              | BETWEEN O      | INSET AND O       | DEATH   |
| ı  |                | 1820                                  | IMMEDIAT       | E CAUSE (a) _                    |   |                | MO                  | 7 24             | Cur       | no        | - HIM                                      |              |                |                   |         |
| L  | Co             | nditians, if any, wh                  | hich agus \    | DUE TO, C                        | OR AS A CONSEQUENCE OF  |                |                     |                  |           |           |  | 0.1          |                |                   |         |
| ı  | nis            | se ta immediate co                    | ause (a), (    | (b)_                             | On as a consciousness of                                      |                |                     |                  |           |           |  |              |                |                   |         |
| Г  |                | ating the underlying                  | ng cause       |                                  | OR AS A CONSEQUENCE OF  |                |                     |                  |           |           |  |              |                |                   |         |
| ı  | -              | - 1100                                | FIGURE CONF    | (c)_                             | RIBUTING TO DEATH BUT N                                       | IOT DELATED T  | O THE TERMIN        | I DICEACE OR     | COMPLETE  | ON CINE   | LIN DART 1/m                               |              |                |                   |         |
| L  | Tr.            | AKT 2. UTHER SIGNI                    | 7. 1           | +                                | CIBUTING TO DEATH BUT I                                       | - KELAIED I    | O THE TERMINA       | AL DISEASE OK    | COMPITIE  | ON GIVEN  | IN PAKT I(U)                               |              |                |                   |         |
|    | 5 10           | a. DATE OF OPERATION                  | N TIGHT        |                                  | WHICH OPERATION WAS P   | EDECIDMEN      | 20a. AUT            | DECA5            |           | 20h IF    | YES, WERE FINDING                          | S CONSIDER   | PED IN C       | EDTIEVIN(         | G       |
|    | 19<br>19<br>21 | u. DATE OF OFERALIC                   | 170. 0         | DINDITION FOR                    | WITCH OFERATION WAS FI  | LKIOKMED       | YES X               |                  |           |           | OF DEATH?                                  | 3 CONSIDE    | CLD IN C       | KIII IIIV         | ,       |
|    | 21             | a. ACCIDENT WAS                       | UNDERLYING     | I 216 TIM                        | E OF INJURY   | 21c H          | 94.0                |                  |           | of injur  | y in Part 1 ar Part                        | 2 Item 19    | 2.)            |                   |         |
|    |                | ar contributing                       | CAUSE OF OEATH | HOUR A                           | .M. Manth Day Year  |                | OW HOOK! O          | CORRED (LINE     | or matore | di injoi  | y iii raii r ai raii                       | 2, 116111 10 | .)             |                   |         |
|    | M 8            | either, natify med                    |                |                                  | .M. TAT HOME, FARM, STREET, FA                                | (30RY ) 216 II | CATION Stee         | et ar R.F.D. No  |           | City      | ar Tawn                                    | Caur         | nés.           | C                 | tate    |
|    | - 4            | While Nat while at wark               | Zie. P         | TACE OF INJUI                    | OFFICE BUILDING, ETC.   | 211. [         | JUATION SITE        | el di K.r.D. No  | J.        | City      | ai tawii                                   | COOF         | нү             | 3                 | nuie    |
| ı  | at<br>2        | wark at wark                          | at (I) (this   | haenital)                        | attended the deceas   | ad from        | - 20                | - 102            | 09        | to 1      | - 16-                                      | 1068         | that           | (1) (w            | (a) las |
| L  | 1              | saw the dec                           | eased ali      | ve an                            | 1-26-   | 1965, an       | d that in (n        | ny) (gur) ap     | inian c   | death a   | ccurred on the                             | date an      | d haur         | and fro           | im th   |
| ı  |                | causes state                          | d above,       | (I) (we) (d                      | (did nat) vi w the  | bady after     | death.              | -,, (,           |           |           |  |              |                |                   |         |
| ı  | 22             | 2b. SIGNATURE                         | 14             | UX                               |   |                | ATTEND              | NC -             | MED.      |           | STAFF - 2                                  | 22c. DATE SI | GNED           | -0                |         |
| ı  |                |                                       | 14             | MASS                             | ne  | DEG            | REE PHYS.           | ""               | DIRECTOR  |           | PHYS.                                      | 1/0          | = 1/0          | 00                |         |
|    | 22             | d. PHYSICIAN'S                        | -              |                                  |   |                | 22e. AD             | DRESS            |           | ~         |  | 26           | -              |                   | 115     |
|    |                | NAME (Type) D                         | r. J.          | Edw:                             |   |                |                     |                  |           |           | ambride                                    |              | ıryı           | .and              |         |
| 2  |                | URIAL, CREMATION,                     | 23b. D         |                                  | 23c. NAME OF  | CEMETERY OR    | CREMATORY           |                  |           |           | N (City or Town)                           | ,            | inty)          | (State            | '       |
| L  |                | EMOVAL (Specify)                      | 11/            | 28/68                            |   |                |                     |                  |           |           | ridge I                                    |              |                | er                | Md      |
| 2  |                | NERAL DIRECTOR                        |                |                                  | 42 GADDRES  |                |                     | 2Sa. REC'D       | BY REGIS  | TRAR 1    | 25b. REGISTRA                              | AR'S SIGNAT  |                | de                | 211     |
| 1  |                | Barbara                               | T. I           | Dashi                            | Easton  | 1. Mary        | rland               | DATE JA          | 11 3      | U         | JOHO F                                     | - /-CII      | V              | 0                 |         |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled works to director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 should be filed with the State Dept. of Health priar ta burial, crematian, or removal, and in any event, within 72 trauts after

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00874 00873 CERTIFICATE OF DEATH 2a. DATE OF DEATH 1. DECEASED-NAME First Middle Last 2b. HOUR (Type or print) JANUARY 15. ADAMS **LULA** WINGATE 1:40M IF UNDER 24 HES IE UNOER 1 YEAR 4. RACE S. DATE OF BIRTH 6. AGE (In years 3. SEX 2/6/95 lost birthdoy) FEMALE WHITE 9 COUNTY OF DEATH 7b CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED country) MD. U.S. DORCHESTER WIDOWEDXX DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR INDUSTRY Home give street oddress) during most of working life, even if retired.) RURAL CAMBRIDGE EASTERN SHORE STATE HOSPI 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY DOR . None odmission) STATE NO T YES WINGATE 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First First Last Windsor Edward Mary Adams 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no or unknown) HOSPITAL RECORDS unk APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA WEEK DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave ) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🖂 NO X 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d INILIRY OCCURRED ( AT HOME, FARM, STREET, FACTORY. ) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY State City or Town County While Nat while at work 9/21 , 19.66 , ta . 19\_68 , that (I) (we) last 19 68, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive ancauses stated abave, (1) (wg) (did) (did nat) view the bady after death

the attending physician and completely filled in sit permit. Then please remave carban papers. burial-transit signed by attending physician. as the has been TO FUNERAL DIRECTOR: After this certificate be retained by the hospital ar far detached should should b

law requires that the death certificate be executed within 24 haurs after death.

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State Dept.

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23o. BURIAL, CREMATION REMOVAL (Specify) 24. FUNERAL DIRECTOR

22b. SIGNATURE

22d. PHYSICIAN'S NAME (Type)

> 23c. NAME OF CEMETERY OR CREMATORY EME tRU

23d4 LOCATION (City or Town)

MED. DIRECTOR

220. ADDRESS E.S.S. HOSPITAL, CAMBRIDGE, MD. (County)

22c. DATE SIGNED

1/15/68

(Stote)

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STAFF PHYS.

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# MARYLAND STATE DEPARTMENT OF HEALTH

| ISION | OF VITAL | RECORDS, | 301 | W. | <b>PRESTON</b> | STREET, | BALTIMORE, | MARYLAND | 21201 |
|-------|----------|----------|-----|----|----------------|---------|------------|----------|-------|

| 0000   | (   | ERTIFICATE OF DEA  | TH   | 0  | 08'74   |
|--|---|--|--|--|---|
| 1. DECEASED-NAME (Type or print) Curtis  | Middle  | Wolff  | 20. DATE OF DEATH  | 1th 7 Day 19 4                             |   |
| 3. SEX Male 4. RA  | White   | S. DATE OF BIRTH   | - I feet his   | (In years IF UNDER 1 urthday) MONTHS YRS.  | YEAR IF UNDER 24 HRS. DAYS HOURS MIN.         |
| 7a. BIRTHPLACE (State or foreign country) CUEST Viroinia (1.                                   | S.A.  | 8. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED              | 9. COUNTY OF DEATH                                       | ester.                                     | Mo  |
| 10. CITY OR TOWN OF DEATH LUT OCK, Md.   | 11. NAME OF HOSPITAL OR INST                                  | En Nursino Hme   | USUAL OCCUPATION (Kind of ing most of warking life, even | n if retired.) INDUS                       | IND OF BUSINESS OR<br>STRY                    |
| 11/4.  | if institution: Residence befare COUNTY Orches Fer            | Thodesdate YES   |  | W.   | 0   |
| 14. FATHER'S NAME First  | Middle Last Wolff   | 15. MOTHER'S MAIDEN N  |  | Middle                                     | last  |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORG<br>Yeshno or unknown) (11 yes give war or dates      |   | 17-11 DOVIS WE   | off-Rhode:   | Address Mc                                 | <i>)</i> .                                    |
| 18. CAUSE OF DEATH (Enter only one of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUS              | Influence   | Asian proven   | by titre   |  | APPROXIMATE INTERVAL<br>TWEEN DISET AND DEATH |
| Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause       | ease l  | 10yrs  |  |  |   |
| PART 2. OTHER SIGNIFICANT CONDITIONS   | CONTRIBUTING TO DEATH BUT NO                                  |  | SE OR CONDITION GIVEN IN PART                            |  | 5 yrs   |
| BenienFrostati 19a. DATE OF OPERATION 19b. CONDITION 21a. ACCIDENT WAS UNDERLYING 121          | ON FOR WHICH OPERATION WAS PER                                | FORMED 20a. AUTOPSY?   |  | RE FINDINGS CONSIDERED<br>TH?              | ) IN CERTIFYING                               |
| OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)                            | Ib. TIME OF INJURY<br>OUR A.M. Manth Day Year<br>P.M. 19      |  | (Enter nature of injury in Part                          | 1 ar Part 2, Item 18.)                     |   |
| While Nat while at wark  |   | DRY.) 21f. LOCATION Street or R.F.                           |  |  |   |
| 22a. I certify that (I) (this hasp<br>saw the deceased alive ar<br>causes stated aboye, (I) (v | ital) attended the deceased 19 ve) (did) (did not) view the b | d fram 1-19,<br>26, and that in (my) (au<br>ady after death. | 19.68, ta_/- 2<br>r) apinian death accurred              | 7 , 19 <u>6 8</u> ,<br>I an the date and I | that (I) (we) las<br>haur and fram the        |
| 22d PHYSICIAN'S  | w   | DEGREE ATTENDING PHYS.                                       | Difficion 11113.   | 22c. DATE SIGN                             | 168   |
| NAME (Type) A POLC   | B.Plummer H.  | EMETERY OR CREMATORY   | on Maryland  [23d, LOCATION (City o                      | or Tawn) (Caunty                           | v) (State) N                                  |
| REMOVAL (Specify)  24. FUNERAL DIRECTOR  | F 50 00 1   | estown   | Galeston   | 1 1  | exter Mt                                      |
| Maurice to News  | . 50  |  | EB 1 1968  | Milarles                                   | Judge   |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fruncate director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers, Pages Land shauld be filed with the State Dept. of Health priar ta burial, crematian, or removal, and in any event, within 72 haurs after death VR A15 (4) 30M REV. 1/68

after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 thouss Page 4 may be retained by the hospital ar attending physician.

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